



DEFENCE INSTRUCTIONS (ARMY)

Department of Defence (Army Headquarters)
CANBERRA ACT 2600

29 April 2007

Amendments to the Defence Instruction (Army) listed below is issued by my command pursuant to section 9A(3) of the *Defence Act 1903* on behalf of the Chief of Army through his delegation under subsection 120A(4AA) of the *Defence Act 1903*.

s22



P.B. SYMON
Brigadier
Director-General Personnel—Army

ISSUE NO PERS 3/2007

Amendment

PERS 33–6 *Welfare responsibilities within the Army*
AMDT NO 1
Complete Revision

Cancellation

DI(A) PERS 33–6 ISSUE NO 22/97 of 11 DEC 97 is cancelled.

Note: Instructions for filing and maintaining DI(A) are contained in DI(G) ADMIN 01–1 (filed as DI(A) ADMIN 1–3).

WELFARE RESPONSIBILITIES WITHIN THE ARMY

INTRODUCTION

1. Welfare support within a modern Army is of immense value to commanders at all levels. Welfare support must be sustainable both in peace and during times of conflict to enable the Army to meet any challenge.
2. The Chief of Army (CA) has the ultimate responsibility for the welfare of soldiers in the Army. The CA has delegated to Commanding Officers (CO), including Administrative Commanding Officers and Area Army Representatives where relevant, and independent Officers Commanding (OC) responsibility for the welfare of soldiers under their command. CO/OC in discharging their responsibilities to the CA are required to be supported by all Officers, Warrant Officers (WO) and Noncommissioned Officers (NCO) under their command.

AIM

3. The aim of this Instruction is to provide CO/OC with the necessary guidance to enable them to discharge their welfare responsibilities on behalf of CA.

GENERAL

4. CO/OC have a responsibility to CA for the efficient functioning of their command. The guiding principle for CO/OC is that a personal, domestic, economic or social problem affecting the morale and efficiency of a soldier is a matter that impacts on the Army's capability. CO/OC have an obligation to seek resolution of these problems as soon as possible to maintain the mental health of the soldier and the efficient functioning of the unit or sub-unit. CO/OC are to ensure that all Officers, WO and NCO under their command are aware of the CA policy relating to welfare responsibilities within Army.

Goals of welfare support

5. The provision of welfare support has two goals:
 - a. to assist in the maintenance of good morale; and
 - b. to provide soldiers with a solid foundation upon which to build their careers, ultimately leading to a better trained and more capable Army.
6. Achievement of the goals will be realised by:
 - a. The minimisation of personal or family problems by:
 - (1) recognising the soldier's need to be kept informed, and to be able to make informed choices, on matters that may have a direct impact on their personal morale or that of their dependants;
 - (2) participation by soldiers and, where appropriate, their dependants in unit activities;
 - (3) identifying any problems as early as possible through a range of command techniques; and
 - (4) referring soldiers to professionally trained and Australian Defence Force (ADF) recognised counsellors and/or practitioners as the need arises.

- b. Implementing planned preventative welfare programs, which may include, but are not limited to:
 - (1) provision for the material, moral and spiritual welfare support to soldiers and their dependants;
 - (2) providing access to supporting agencies and briefing materials in a timely manner; and
 - (3) integration of military communities with civilian communities to foster mutual understanding and acceptance, prevent the sense of isolation that may occur through mobility, and to ensure that members comprehend the range of services that they, and their dependants, may access locally.
- c. Recognition of the impact of separation through, postings, exercises and operational deployments.

ACCESS TO WELFARE SUPPORT

7. CO/OC are to ensure that soldiers have access to welfare support and that the soldier's right to confidentiality when seeking that support is observed. The principle of 'need to know' must be applied to all requests for welfare support. The individual and their dependants are entitled to confidentiality regardless of whether the request for welfare support is initiated by the soldier or the CO/OC.

DELIVERY OF WELFARE SUPPORT

Defence Community Organisation

8. The role of the Defence Community Organisation (DCO) is 'to contribute to the operational effectiveness of the ADF by providing a comprehensive range of social work, family liaison and education liaison support services and related programs, projects and research that enhance the wellbeing of ADF personnel, their families and communities'. CO/OC are to make themselves aware of the services DCO can provide by referring to Defence Instruction (General) (DI(G)) PERS 42-3—*Defence Community Organisation*.

9. The regional DCO office can assist CO/OC in providing welfare support to soldiers through:
- a. Defence Social Workers;
 - b. Regional Education Liaison Officers;
 - c. Family Liaison Officers; and
 - d. **Military Support Officers (MSO)**. MSO are posted to the DCO to provide a link between Army units and the DCO regional office. MSO can provide advice to unit personnel on welfare matters.

Royal Australian Army Chaplains Department

10. CO/OC are to make themselves aware of the services that Army Chaplains can provide by referring to Defence Instruction (Army) PERS 170-3—*The Organisation, Roles and Responsibilities of the Royal Australian Army Chaplains Department*. Army Chaplains can assist CO/OC in providing welfare support to soldiers through:

- a. religious ministry,
- b. pastoral ministry and support,
- c. pastoral counselling,
- d. advice to the Command Group, and
- e. character development programs.

Philanthropic organisations—representatives

11. CO/OC are to make themselves aware of the services which may be available from accredited philanthropic representatives by referring to DI(G) PERS 42-4—*Philanthropic organisations within the Australian Defence Force—policy and administration*. Accredited philanthropic representatives are not provided to each unit. They are accredited to most formations and major units within the Army, including some training establishments.

Other Army organisations

12. Other organisations within Army which should be considered by CO/OC when ascertaining the most appropriate form of welfare support are:

- a. Army medical services—Defence Health Service Division (see <http://defweb2.cbr.defence.gov.au/dpedhs/>);
- b. Army legal services—Defence Legal Division (see <http://intranet.defence.gov.au/csigweb/sites/DLD/>);
- c. Army psychological services—Defence Force Psychology Organisation (see http://defweb2.cbr.defence.gov.au/dpedhs/DFPO/dfpo_default.htm);
- d. the Army Amenities Fund—through the Directorate of Personnel Support and Amenities (see http://intranet.defence.gov.au/dpsa/aaf_coy.htm);
- e. the Army Welfare Fund—administered by the MSO in regional DCO office;
- f. the Army Fair Go Hotline—Telephone: 1800 100 064 or see <http://www.defence.gov.au/army/Fairgo.htm>; and
- g. the Australian Military Forces Relief Trust Fund (AMFRTF)—through the Directorate of Personnel Support and Amenities. The AMFRTF extends loans to serving members. These are currently administered by regional committees located in each State capital (see <http://defweb.cbr.defence.gov.au/dpsa/>).

13. A list of welfare support organisations and relevant publications are attached in [annex A](#) and [annex B](#).

Deployed forces

14. Units and individuals deployed on operations have access to the National Welfare Coordination Centre (NWCC) for welfare support. Welfare support is to be planned, implemented and monitored for all phases of the deployment; pre-deployment phase, insertion/transit phase, conduct of the mission, extraction phase and post-deployment phase. Each unit with deployed personnel are to have a Unit Welfare plan that nominates an officer in charge Rear Details or a designated Welfare Officer who is responsible for maintaining liaison with the families of deployed members in accordance with NWCC ADMIN Instruction 01/05.

UNIT RESPONSIBILITY

15. All CO/OC are to have a Unit Welfare Plan. The CO/OC is to appoint an officer or WO to act as the Unit Welfare Officer (UWO). In the event that an officer or WO (other than the OC) is not on the unit establishment, a senior NCO may be appointed. UWO may be appointed at sub-unit level.

16. The UWO is responsible to the CO/OC to:

- a. establish and update the Unit Welfare Plan, which includes information/activities for times when unit members are deployed on operations or exercises;
- b. be a point of contact and, where appropriate, respond to the welfare requirements of unit members and their families;
- c. make policy recommendations to the CO/OC on matters designed to improve the welfare of unit members and their families;

- d. maintain close liaison with the DCO, the unit Chaplain, Army welfare organisations and, if unit members are deployed, the NWCC;
- e. if members of the unit are deployed on operations, the UWO is to be familiar with the NWCC ADMIN Instruction 01/05;
- f. plan and conduct unit-level group welfare activities in conjunction with family centres, DCO and other support organisations;
- g. ensure that a soldier is referred to an ADF welfare support agency in a timely manner;
- h. act as the point of contact between the unit and the ADF welfare support agency, unless the agency reports directly to the CO/OC;
- i. ensure that the confidentiality of a soldier who is referred to an ADF welfare support agency is not breached by lapses in unit administration;
- j. monitor the soldier's military development during the referral period and report progress to the CO/OC;
- k. be familiar with other Defence Instructions related to welfare such as:
 - (1) DI(G) PERS 20-6—*Deaths within and outside Australia of Australian Defence personnel*;
 - (2) DI(G) PERS 11-1—*Defence Force Sponsored visits to Service members suffering serious illness or injury—The Australian Dangerously Ill Scheme*; and
 - (3) Chief of the Defence Force Directive 29/2006—*Notification responsibilities when a member becomes a casualty*, (which takes precedence over DI(G) PERS 11-2—*Notification of Service and Non-Australian Defence Force casualties* until it is revised).

17. In sensitive cases of referral, the ADF welfare support agency may report directly to the CO/OC. Should this be the preferred method of contact, the CO/OC is to inform the UWO that this is the method of reporting and relieve the UWO of their responsibility to act as the unit point of contact for that particular referral. The UWO should continue to monitor the military development of the soldier unless relieved by the CO/OC.

Personnel Management Key Solution

18. The Personnel Management Key Solution (PMKeyS) maintains the personnel data profile, nominated Next of Kin and Emergency Contact details and other relevant information. CO/OC are to ensure soldiers keep their PMKeyS details up-to-date.

Annexes:

- A. [Welfare responsibilities within the Army welfare organisations](#)
- B. [Welfare responsibilities within the Army welfare publications](#)

Sponsor: DGPERS-A

WELFARE RESPONSIBILITIES WITHIN THE ARMY WELFARE ORGANISATIONS

SER	ORGANISATION	DESCRIPTION	PRINCIPLE POINT OF CONTACT	WEB SITE
1	Australian Defence Force (ADF) Personnel Centre—Canberra	Provides administrative support for ADF personnel posted to the Canberra Area.	Telephone: s47E(d)	s47E(d)
2	Alcohol Misuse	The personnel management principles and procedures to be applied to members who regularly misuse alcohol. External Agencies: Alcoholics Anonymous	s47E(d)	
4	Armed Services Assistance Centre Australia	Provides free assistance with welfare pensions, compensation and entitlements to Veterans, serving and ex-serving members of the ADF and their families.		
5	Bereavement Support	Specialist bereavement support provided by the Defence Community Organisation (DCO) network in response to the wishes of the family.		
6	Career Transition Assistance	Assists with the transition from military to civilian life.		
7	Chaplains	Provide regular Pastoral care and spiritual support to ADF members and their families both in the work and home contexts.		
8	Community Events	The opposite web site lists community events for ADF members and their families. You may advertise your own event.		

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SER	ORGANISATION	DESCRIPTION	PRINCIPLE POINT OF CONTACT	WEB SITE
9	Community Groups	The opposite web site links to the DCO list of community groups across Australia, and provides expanded information on services and fun activities on offer by some of these. A group may advertise on this site.	s47E(d)	
10	Customer Service Centre (Shop Fronts)	A physical place on a base or establishment that offers access to information about Defence Support Group (DSG) products and services.		
11	DCO	Provides a comprehensive range of services including social work, family liaison, education liaison, locality information resources (Family Information Network Defence), assistance to families with special needs, spouse employment assistance, childcare and community related programs including projects and research that enhance the wellbeing of ADF members and their families.		
12	Defence Equity Organisation	Provides guidance and advice regarding harassment, equity and diversity. Specifically the policies, resources and training.		
13	Defence Families of Australia	An independent body funded by Defence Personnel Executive (DPE) to represent Defence Families. Their web site contains information about the Group, contact information and their newsletter.		
14	Defence Legal	Consists of a number of field offices located across Australia		

SER	ORGANISATION	DESCRIPTION	PRINCIPLE POINT OF CONTACT	WEB SITE
15	DPE	To provide access to personnel information from across Defence, regardless of organisational structure.	s47E(d)	
16	Defence Special Needs Support Group	Dedicated to providing support, information and assistance to ADF families who have someone with special needs.		
17	Domestic or Family Violence	<p>A range of information including, types of abuse, the cycle of violence, the effects of family violence on children, what you can do if you get abusive, and what to do if you get abused.</p> <p>External Agencies: Police Child Protection and Family Violence Service Domestic Violence Line (DOCS) Victims of Crime Support</p>		
18	Employee Assistance Program (EAP) for Defence Civilians	IPS Pty Ltd provides free of charge EAP services comprising confidential and professional counselling services for Defence civilians and their families.		

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SER	ORGANISATION	DESCRIPTION	PRINCIPLE POINT OF CONTACT	WEB SITE
19	Employee Complaint Handling	<p>Established to ensure independence in the investigation, review and handling of complaints.</p> <p>External agencies: Australian Public Service Commissioner Commonwealth and Defence Force Ombudsman Human Rights and Equal Opportunity Commission Office of the Federal Privacy Commissioner</p>	s47E(d)	
20	Ethics, Fraud and Resource	Web sites, publications and resources regarding ethics, fraud and resource for management.		
21	Health and Psychology Services	Provides healthcare and ensures the preparedness of ADF personnel for operations from the health perspective, as well as preparing deployable elements of Defence Health Service for deployment in support of operations.		
22	Holiday Facilities for all Defence Personnel	Throughout Australia and New Zealand there are a number of Service owned holiday resorts available for use by the Defence Community. These resorts provide comfortable, low cost accommodation in a variety of settings.		

SER	ORGANISATION	DESCRIPTION	PRINCIPLE POINT OF CONTACT	WEB SITE
23	National Welfare Coordination Centre	Provides a freecall 24/7 information and referral service for families of deployed Defence personnel. This is to provide timely and accurate information, reassurance and support as well as referral to other family support agencies.	s47E(d)	
24	Occupational Health and Safety (OHS), Compensation and Rehabilitation	Military OHS, rehabilitation and compensation policies, resources and training.		
25	Pay, Conditions, Personnel Policy and Human Resources	The DPE web site contains links to all pay and conditions relating to Defence members such as Salary and Allowances, Comsuper, Defence Travel and Payroll Management.		
26	Personnel Support and Amenities	The responsibility to facilitate support for ADF personnel and units by the provision of personnel support functions including welfare and amenity programs.		
27	PMKeyS	Defence's integrated human resource management system and provides the organisation with a single source of personnel management information.		
28	Rape Crisis Centre	Sexual assault counselling and community education.		
29	Services Workforce Access Program for Partners	Developed to meet the diverse range of skills and needs of ADF partners who, as a result of a Defence relocation, seek employment in the new locality.		

WELFARE RESPONSIBILITIES WITHIN THE ARMY WELFARE PUBLICATIONS

1.

SERIAL	ORGANISATION/DOCUMENT	LOCATION
1	Defence Family Matters	s47E(d)
2	Products and Services Available to Members of the Australian Defence Organisation and Veterans	
3	Defence People Committee	
4	Complaint Resolution	Complaint Resolution Legislation and Publications Defence Workplace Equity and Diversity Plan 2005–2007
5	Misuse of Prohibited Substances	DI(G) PERS 15–2— <i>Involvement by Members of the Australian Defence Force with a prohibited substance</i> DI(G) PERS 15–5— <i>Testing for prohibited substances in the Australian Defence Force under Part VIIIA of the Defence Act 1903</i> CA Directive 01/2005— <i>The Army Prohibited Substances Testing Program (PSTP)</i> Australia/New Zealand Standard 4308:2001— <i>Procedures for collection, detection and quantitation of drugs of abuse in urine</i> ADF Alcohol, Tobacco and Other Drug Service (ADF ATODS)
6	Pay and Conditions	http://intranet.defence.gov.au/pac/ Pay and Conditions Manual (PACMAN), volume 2
7	Defence Enterprise Risk Management	Chief Executive Instructions (CEI) 4.6—'Defence Risk Management'
8	Ethics	s47E(d)

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SERIAL	ORGANISATION/DOCUMENT	LOCATION
9	Fraud Control Plan	s47E(d) [REDACTED] CEI 4.1—'Fraud Control in Defence'
10	Defence Health Services Division	s47E(d) [REDACTED] Health Information Packs, Policy, Publications, Fact Sheets
11	Occupational Health and Safety	s47E(d) [REDACTED]
12	PMKeyS	
13	Career Transition	

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Department of Defence (Army Headquarters)
CANBERRA ACT 2600

22 September 2009

The Defence Instruction (Army) listed below is issued by my command pursuant to section 9A of the *Defence Act 1903*.

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K.J. GILLESPIE
Lieutenant General
Chief of Army

ISSUE NO PERS 6/2009

New instruction

PERS 33-11

Army Casualty Administration and Support Framework

Note: Instructions for filing and maintaining DI(A) are contained in DI(G) ADMIN 01-1 (filed as DI(A) ADMIN 1-3).

ARMY CASUALTY ADMINISTRATION AND SUPPORT FRAMEWORK

INTRODUCTION

1. Commanders are responsible for the health and welfare of members under their command. Rehabilitation of members is an essential component of unit commanders' personnel management responsibilities. Every member returned to the workplace after an injury or illness contributes to ongoing capability.
2. Effective administrative support to injured or ill members is essential for their treatment, recovery and rehabilitation. Coupled with the application of effective treatment and vocational rehabilitation services, it assists in returning the member to full duty as quickly as possible. When this is not possible, appropriate administration and advice will prepare members for the reality of medical transition from the Army.
3. Effective casualty administration will:
 - a. guide a member and their family in making sound clinical, personal, employment and financial decisions;
 - b. achieve realistic expectations; and
 - c. maintain the trust and confidence of all members in the Army.
4. The serious injury or illness, including psychological injury, of a member is one of the most sensitive personnel-related events that a unit can experience. Responding to the needs of a member and their family necessitates the coordinated and intensive efforts of the chain of command and supporting agencies.
5. Acronyms used in this Instruction are listed in [annex A](#).

AIM

6. The aim of this Instruction is to detail the Army policy and procedures to be followed in order to support members suffering a long-term injury or illness.

AUTHORITY

7. The Service Chiefs are empowered to exercise Chief of the Defence Force's (CDF) employer function as outlined in the *Occupational Health and Safety Act 1991* (OHS Act), part 2, division 1, [section 16](#) and as such are required to ensure that Unit Welfare Boards (UWB) are conducted to comply with the intent of OHS Act, [sections 34](#) to [36](#).
8. Additionally, Chief of Army (CA) is the Rehabilitation Authority for all Army members as specified in [section 39](#) of the *Military Rehabilitation and Compensation Act 2004* (MRCA). As the Rehabilitation Authority for Army, CA has a number of responsibilities, which are detailed in [annex B](#).

DELEGATION OF REHABILITATION AUTHORITY FUNCTIONS

9. CA has delegated his Rehabilitation Authority functions enacted under the *Safety, Rehabilitation and Compensation Act 1988* and the *MRCA* to enable Department of Veterans' Affairs (DVA), Joint Health Command (JHC), Defence Support Group (DSG) and Army Headquarters (AHQ) to manage the day-to-day functions associated with the provision of health services, compensation claims management and transition of members. A summary of these delegations is in [annex C](#).

DEFINITIONS

10. The following definitions apply in the context of this Instruction:
- a. **Casualty.** Is defined in accordance with [Australian Defence Force Publication 101—Glossary](#) as any person who is lost to the organisation by reason of having been declared wounded, injured, or diseased.
 - b. **Casualty administration and support.** Details all aspects of personnel administration relevant to the casualty's circumstances. It does not include clinical administration such as approval for treatment, evacuation or referral to particular specialist clinical services.
 - c. **Commander.** Is the Commanding Officer (CO) of a unit or the Officer Commanding an independent sub-unit.
11. The key to a member being considered a casualty is the loss to the organisation, through convalescence, hospitalisation or significant workplace restrictions. Any Army member who becomes a casualty should be reported in accordance with the [OHS Act](#). Other definitions relating to casualties are in [annex D](#).
12. When dealing with conditions that have the potential to alter or end a member's career, the Medical Employment Classification (MEC) system provides guidance. The clinical requirements following injury or illness are grouped into:
- a. **Normal Management.** This applies to members where no MEC action is required as a result of their condition.
 - b. **Standard Rehabilitation.** This applies to members who:
 - (1) are MEC 3;
 - (2) have not been referred to the Medical Employment Classification Review Board (MECRB) for consideration; and
 - (3) will be referred for management by the Australian Defence Force Rehabilitation Program (ADFRP).
 - c. **Extended Rehabilitation.** An extended rehabilitation classification streamlines administrative processes and provides a greater level of assurance for severely injured personnel, allowing them to focus on rehabilitation to regain a deployable status or for re-employment. This applies to members who:
 - (1) are specifically graded MEC 304 (approved at MECRB for Extended Rehabilitation—temporarily not fit for full employment for a defined period of up to 24 months);
 - (2) must have access to specialist clinical care in accordance with an approved active clinical management plan; and
 - (3) will be referred for management by the ADFRP.

RESPONSIBILITY OF COMMANDERS

13. All Commanders are responsible to ensure that all long-term casualties are appropriately administered. This includes:

- a. participation in Welfare Board (WB);
- b. access to adequate and timely rehabilitation;
- c. assignment of appropriate duties in the workplace;
- d. unit support for the member and their next of kin (NOK)/family; and
- e. close coordination with enabling support agencies to ensure the best possible outcome.

14. Commanders are to ensure that unit staff assist members with the following requirements, as detailed in [Defence Instruction \(General\) \(DI\(G\)\) PERS 16-1—Health care of Australian Defence Force personnel](#):

- a. the provision of copies of any injury or witness reports, such as a [Form AC 563—Defence OHS Incident Report](#) (available on the Defence Web Forms System) completed at or after the time of the injury; and
- b. the completion of the DVA compensation claim [Form D2051—Claim for Liability and/or Reassessment of Compensation](#).

15. Reporting injuries and illness is a critical administrative activity, which provides the basis for determining compensation liability. Once a compensation claim is accepted, all medical costs associated with the accepted condition will be covered after the member leaves the Australian Defence Force (ADF) and in some circumstances while the member is still serving. This reduces the cost burden on the ADFRP and ensures that a member's future needs are catered for after leaving the service.

UNIT WELFARE RESPONSIBILITIES TO CASUALTIES

16. In accordance with [Defence Instruction \(Army\) \(DI\(A\)\) PERS 33-6—Welfare Responsibilities within the Army](#) all unit commanders are to appoint a Unit Welfare Officer (UWO) and develop a Unit Welfare Plan (UWP).

17. The UWO is responsible for the management of all administration and coordination functions relating to the casualty. This will include all members who are receiving care external to the unit and likely to need long-term rehabilitation and assistance.

18. Experience has identified that severely-injured members need a single point of contact to manage and coordinate the many supporting agencies that will become involved in their care. The UWO provides an important link to the member's unit and is a tangible demonstration of Army's commitment to its seriously injured or ill members.

19. Individual welfare plans are to be developed for severe casualties who will require extended rehabilitation and retraining. The UWO is to develop the individual's welfare plan in conjunction with the member, a representative from the member's sub-unit, treating health staff and all enabling support agencies and providers. It is to include:

- a. immediate individual needs;
- b. the clinical care required;
- c. assessment of aids for independent living;
- d. vocational rehabilitation required;
- e. return to work arrangements; and
- f. preparation required for review at the MECRB.

20. It should also incorporate any additional information that the member feels is necessary for the WB to consider. More detail on individual welfare plans is in [paragraph 37.](#) and [annex F.](#)

21. Dealing with members who have sustained major and/or multiple injuries can be emotionally draining; as a component of the UWP, unit commanders are to ensure UWO have regular access to appropriate guidance and support.

RESPONSIBILITIES OF THE UNIT WELFARE OFFICER IN CASUALTY MANAGEMENT

22. Usually, the UWO will be from the casualty's unit, however, occasionally when the casualty is receiving care remote from their posted unit a UWO from another unit will be required to manage the casualty's care. In all cases, the appointed UWO represents the CO of the casualty's posted unit. The responsibilities of the UWO are detailed in [DI\(A\) PERS 33–6.](#)

23. In addition the UWO is to:

- a. coordinate all necessary unit and medical administration together with the compensation support required during the initial phase of a severe injury or illness;
- b. determine any requirement for initiating an application for a grant or a loan from the Australian Military Forces Relief Trust Fund; and
- c. ensure the same level of support is provided to Active Reserve (AR) members posted to the unit, who are injured on duty or hospitalised during periods of training.

24. The casualty's Commander, may, appoint the UWO to undertake the role and functions of the Unit Rehabilitation Liaison Officer (URLO) as outlined in [DI\(G\) PERS 16–22—*Australian Defence Force rehabilitation program.*](#) URLO are identified to assist with access by the Rehabilitation Coordinator/Case Manager to the Commander/Supervisor and the member.

CASUALTY REGULATION

25. The responsibility for Army casualty regulation to Australia is shared between Headquarters Joint Operations Command, Air Operations Command (HQJOC AOC) and JHC. Army casualties will be regulated to a Destination Medical Facility (DMF) by HQJOC AOC after consultation, where feasible, with the Directorate of Army Health (DAH) to ensure that clinical treatment requirements are met. Additionally when determining the location of the DMF, requirements of the member, gaining unit and NOK/family are considered and accommodated where possible and provided there is no detriment to the member's clinical care.

26. The roles and responsibilities for the management of Army casualties who have been categorised as Very Seriously Ill (VSI) or Seriously Ill (SI) from the Area of Operations (AO) are detailed below:

- a. HQJOC AOC is responsible for:
 - (1) organising the Aeromedical Evacuation, the DMF and coordination with JHC and DAH; and
 - (2) advising Joint Health Support Agency, JHC and DAH of the scheduled return to Australia (RTA) via the Strategic Aeromedical Evacuation Approval and Tasking Message. The message will contain details of the flight, DMF and the receiving Defence medical facility, with relevant points of contact. A confirming email will be sent to DAH when the Tasking Message has been released.

- b. The receiving Defence medical facility, is responsible for:
- (1) providing patient reception, transport, medical administration and follow-up, including MEC review;
 - (2) providing clinical condition and progress reports to JHC and DAH via Medical Condition Notification (MEDICAS) Messages in accordance with [DI\(G\) PERS 11-2—Notification of Australian Defence Force and non-Australian Defence Force casualties](#). The frequency of reporting is to be at least daily in the initial hospitalisation phase, which is normally two weeks, with a decrease in frequency, as specified in [DI\(G\) PERS 11-2](#), following consultation with JHC and DAH; and
 - (3) confirming with JHC and DAH that initial rehabilitation care facilities are appropriate to the casualty's physical, psychological and welfare needs for recovery.
- c. DAH is responsible for:
- (1) Army casualty advice to CA relating to VSI/SI casualties. This advisory role is in compliance with:
 - (a) OHS Act, [section 3\(c\)](#), 'to ensure that expert advice is available on occupational health and safety matters affecting employers, employees and contractors'; and
 - (b) OHS Act [section 3.e.](#), 'to foster a co operative consultative relationship between employers and employees on the health, safety and welfare of such employees at work';
 - (2) coordinating with the casualty's posted unit to confirm a preferred DMF that is in accordance with the clinical need, unit requirements and NOK/family preferences;
 - (3) coordinating with the member's chain of command regarding the member's RTA;
 - (4) confirming the DMF recommendation made by HQJOC AOC;
 - (5) on RTA, confirm with the receiving Defence medical facility that the initial rehabilitation care facilities are suitable and appropriate to meet the casualty's psychological and welfare needs for recovery; and
 - (6) identifying the need for an extended rehabilitation program following the recommendation of MEC 304 by the Unit Medical Employment Classification Review.

CASUALTY RECEPTION

27. The receiving of casualties from operations is an important unit responsibility. Members expect that if they are injured their unit or command will look after them. Proper casualty reception is a tangible fulfilment of that expectation.

28. The member's posted unit is to ensure that the following steps occur:
- a. a UWO has been appointed in accordance with [DI\(A\) PERS 33-6](#). Where the DMF is remote from the unit, a remote UWO will be appointed by Director of Coordination—Army (DCOORD-A) to provide support on behalf of the member's unit commander;
 - b. ensure that a member of the casualty's unit, preferably the UWO, meets the casualty on arrival at the airport and travels with the casualty to the DMF; and
 - c. engage with Defence Community Organisation (DCO) to ensure that family support is in place prior to and following RTA.

INITIAL CASUALTY ADMINISTRATION

29. Once the casualty reaches the DMF, they become the responsibility of their posted unit. The UWO, on behalf of the unit commander, is to ensure the following actions occur:

- a. Identify that an ADF clinical case manager has been appointed to manage the casualty through the acute treatment and rehabilitation phases. This clinical case manager may be the unit Regimental Medical Officer, or a contract health practitioner from the local supporting JHC facility;
- b. a Return to Australia Psychological Screen is to be conducted within seven days of RTA, if not already conducted in the AO prior to evacuation. The treating clinical specialist may request a further seven-day extension;
- c. confirm with the clinical case manager when it would be appropriate for the ADFRP to be engaged. In most cases, the ADFRP should be engaged within seven days of RTA to ensure an early rehabilitation assessment is conducted. The treating medical specialist may request a further seven-day extension;
- d. confirm with the clinical case manager that a Central Medical Employment Classification Review (CMECR) has occurred. If the casualty is likely to require extensive medical treatment and prolonged rehabilitation due to the severity and complexity of conditions, a CMECR is to be conducted within 14 days of RTA. This casualty type should be graded MEC 304, approved at MECRB and annotated with the phrase Extended Rehabilitation, with review at two years;
- e. confirm that a [Form AC 563](#), was raised by the relevant unit in the AO and recorded in the Defence OHS Branch database;
- f. assist the injured member to initiate and submit a compensation claim form within 14 days of RTA. Advice and tasking can be obtained from DAH should the services of the supporting Regional Casualty Administration and Support Officer (RCASO) be required. This is very important as an accepted claim allows DVA to consider assistance with a range of benefits and services, including vocational rehabilitation, aids and appliances;
- g. conduct a WB as directed and produce an individual welfare plan in conjunction with all enabling support agencies and providers. **A consent to Release Medical /Psychological Information to a WB** is to be sought from the casualty. The individual **welfare plan** is to be distributed to the CO of the casualty's parent and administering units, Formation Command and AHQ DAH. This plan should be updated at each subsequent WB; and
- h. once the acute coordination phase is complete, transfer administration of the member to a unit, formation or area WB. This usually occurs between four–eight weeks after the initial incident.

30. Injuries requiring long term rehabilitation may result in secondary psychological health problems caused by the disruption to a casualty's service and the frustrations of recovery. Commanders are to ensure that the psychological requirements of rehabilitation are considered and assertively managed to minimise adverse mental health outcomes arising from the rehabilitation process.

WELFARE BOARDS

31. The WB process provides the forum for effective management of members with significant health and welfare issues. It is similar to, but distinct from, the personnel review board process that is in common use. It provides a transparent process by which unit commanders can understand an individual's health problem(s) and positively influence the proposed remediation action.

32. As part of this transparent process, the member and if requested the member's NOK/family, should be given the opportunity to attend the WB, receive a verbal debrief on the deliberations and have an opportunity to ask questions. This allows them to see the steps being taken by the chain of command to assist them, as well as being able to influence the process. Referral to the WB should be viewed as a means of ensuring that all appropriate steps are being taken to support recovery or facilitate transition.

33. The unit commander has the option to choose the type of WB that best meet command circumstances and the needs of the member. There are four types of WB available to unit commanders; individual, unit, formation and area. The four types of WB are detailed below:

- a. **Individual Welfare Boards (IWB).** IWB are initiated to review members who have complex needs and require intensive case management. In particular, severely wounded Battle Casualty should be initially managed in this way. A unit commander can elect to institute an IWB or one can be directed by DCOORD-A, on advice from DAH.
- b. **UWB.** The UWB provide the opportunity for unit commanders to be made aware of factors, which impact upon the health and welfare of their troops. UWB are to consider all members who are MEC 3 and MEC 4.
- c. **Formation Welfare Boards (FWB).** Due to operational tempo some units may not be able to apply the staff effort required to adequately coordinate and administer UWB. In such cases, a unit commander may elect to be supported by an FWB. An FWB is coordinated and administered by staff under command of the Senior Medical Officer on the respective formation headquarters (HQ). These staff will be responsible for ensuring all necessary documentation, consents and appointments are made to ensure maximum attendance by enabling stakeholders.
- d. **Area Welfare Boards (AWB).** Units not within or located remote from an established formation will be required to administer and manage WB. This will be best achieved by combining all members who require consideration into a single AWB. The Senior Army Area Representative will be responsible for ensuring that remote units participate in an AWB no less frequently than quarterly. Units should seek health practitioner and rehabilitation case manager participation in the AWB from the Senior Health Officer (SHO) of their area, in accordance with the Service Level Agreement between Army and JHC. The frequency and nature of participation should be specified in the local Regional Level Agreement for health services.

UNIT WELFARE BOARD

34. The UWB provides an important information flow to a unit commander that allows them to make informed decisions about a member's health and welfare. The member may request to attend their WB to present further information as required and have their NOK/family present.

35. UWB may comprise the following members:

- a. Unit CO/Executive Officer (Chair);
- b. Unit Adjutant (Coordination);
- c. Unit Regimental Sergeant Major;
- d. UWO;
- e. Unit Chief Clerk (Administration);
- f. Unit or supporting Medical Officer or Contract Health Practitioner (physical and psychological);
- g. Supporting Psychology officer, where applicable;
- h. ADF Rehabilitation Coordinator or Program Case Manager, where applicable;
- i. Member's immediate sub-unit commander, for individual cases;
- j. DVA where applicable;
- k. ADF Transition Practitioner, where applicable;
- l. Physical Training Instructor, where applicable;
- m. Legal Officer, where applicable;

- n. Unit or supporting Padre, if requested by the member; and
 - o. Supporting DCO Military Support Officer, if requested by the member.
36. Ex-Service Organisation (ESO) representatives are not DVA advocates and are not to be invited to attend a WB in any such capacity.
37. A UWB is to consider members who fall into the following categories:
- a. all members classed **MEC 3** (Rehabilitation); and
 - b. all members classed **MEC 4** (Extended Transition).

CONDUCT OF WELFARE BOARD

38. Unit commanders are to conduct WB not less than quarterly. These scheduled WB will consider all members who do not warrant an IWB. This process will ensure that all casualties are appropriately administered. As a general principle, all members should be given the option of attending the WB.

39. All members should be given the option of receiving a verbal debrief from the chair of the WB. Alternatively they may choose to be debriefed by their sub-unit commander. The member may also consent to their NOK/family being present for debrief of the Board's deliberations. The Commonwealth is not liable for the cost of NOK/family attendance.

40. As members' families are an important part of any welfare response, the member may consent to their NOK/family attending the WB. Family members/NOK that are serving ADF members are not required to attend the WB or debriefing in uniform. The Commonwealth is not liable for the cost of NOK/family attendance.

41. The UWO is required to pre-brief the member on the WB process. This brief includes signing the **Consent to Release Medical / Psychological Information** to a WB in [annex F](#), if applicable to the member's case. The UWB will determine a course of action based on:

- a. background information;
- b. the member's wishes and information provided to members of the board;
- c. specialist advice provided by board members and board advisers; and
- d. ADF policy.

42. An Individual Welfare Plan (IWP) is to be developed for all members presenting to a WB. The outcomes of any subsequent WB are to be recorded as amendments to an individual's welfare plan. IWPs are to describe the nature of the member's circumstances and what course of action the Board determined. An example of an IWP is in [annex F](#).

43. When it is determined that the member's circumstances have been appropriately dealt with, the Board may release the member from the Board process. A guide to the conduct of a WB is in [annex G](#).

44. Units are to continue to run Personnel Review Boards (PRB) to review members with administrative or disciplinary concerns. Board members of the WB are to attend the PRB in person; however, when this is not possible a written summary in the form of an amended IWP should be provided. The amended plan must be developed in conjunction with the member, their sub-unit commander and the UWO.

45. Where an AR member on continuous full-time service (CFTS) becomes a casualty requiring unit level or regional level casualty administration and support, the member's unit is to manage the member's CFTS contract in accordance with [DI\(A\) PERS 173-6—Employment of Army Reserve members on continuous full-time service](#).

46. For injured AR members serving on other than CFTS [DI\(G\) PERS 16-1](#) the Defence Health Service (DHS) applies.

CASUALTY ADMINISTRATION SERVICE—ARMY

47. Assistance with casualty administration and advisory support to local commanders is to be provided by the Casualty Administration Service—Army (CAS–A). CAS–A is an AR unit under command the DAH. RCASO will be attached for administration to Army formations and the regional Army Personnel Agency (APA). Responsibility for task allocation to RCASO is managed by HQ CAS–A.

48. The CAS–A mission is to provide support and advice to local commanders and their personnel on casualty administration, expectation management and compensation matters. HQ CAS–A staff are available to assist units in dealing with difficult and sensitive cases.

49. HQ CAS–A is to:

- a. provide command, task allocation and technical control of RCASO;
- b. receive copies of all compensation claims and determinations from DVA to ensure advice on injury/illness management in Army is enhanced;
- c. receive advice of casualties and incidents using the available reporting sources including:
 - (1) Notification of Casualty, Fatal Casualty; MEDICAS;
 - (2) Occupational Health, Safety, Compensation Analysis and Reporting;
 - (3) Army Incident Management System;
 - (4) Medical Information Management Index;
 - (5) HealthKeys; and
 - (6) Joint Electronic Health Data and Information system, (when fully developed for statistics reporting).
- d. monitor the number and type of casualties and provide casualty reporting to CA as required;
- e. liaise with JHC to obtain situation reports on operational VSI and SI casualties to pass back to the chain of command;
- f. monitor the effectiveness of casualty support activities, including conduct of WB;
- g. provide advice to CA on compensation and rehabilitation matters relating to sensitive and high profile incidents;
- h. liaise with Commander Career Management Agency on expectation management together with the viability and effectiveness of retention opportunities in Army of sensitive and high profile casualties;
- i. facilitate individual case management procedures at the departmental levels;
- j. provide advice on policy development within Army relating to casualty management and compensation; and
- k. coordinate training for regional Army casualty administration officers and achieve accreditation by relevant external agencies.

REGIONAL CASUALTY ADMINISTRATION AND SUPPORT OFFICER

50. A RCASO are allocated to formation HQ and regional APA, where they are under command for administration. HQ CAS-A manage tasking, technical control and AR training salaries.
51. RCASO are to be certified military compensation claim advocates accredited by DVA. RCASO are to provide:
- a. Workers' compensation guidance to both ARA and AR casualties, facilitating the early raising and submission of member claims under the [MRCA](#);
 - b. a link between supported units and enabling agencies, such as, ADFRP, ADF Transition Centres (ADFTC), DVA, ComSuper and Centrelink;
 - c. a point of contact for UWO;
 - d. compensation benefit options, ADFRP availability and transition support guidance to regional AR MECRB;
 - e. individual support to injured or ill personnel to assist in the completion of compensation, superannuation invalidity, and disability support benefits applications; and
 - f. advice to unit commanders when established procedures or available resources are not meeting the member's needs.

COMPENSATION

52. DVA administer the determination of compensation claims for members of the ADF and will provide a copy of the member claim and the subsequent determination by a delegate of the Military Rehabilitation Compensation Commission (MRCC) to DAH for distribution to the unit commander and for recording in the member's Unit Medical Record.
53. Member and unit responsibilities for preparing and submitting Defence compensation claim forms are outlined [DI\(G\) PERS 16-1](#).
54. The benefits and support available under the [MRCA](#) cannot begin until a claim for compensation is submitted and liability for compensation determined by a delegate of the MRCC. Delaying claims for compensation until just prior to discharge disadvantages many members. The claims determination process can be lengthy and may require appeals. Delaying submission of a claim may result in a member being discharged and not receiving potential entitlements or assistance from DVA until some months after the date of separation.
55. Accordingly, a key focus of CAS-A is to promote the submission of claims for compensation as soon as practicable. To achieve this outcome, Army units are to refer all members who are medically downgraded for an interview with the RCASO to determine what compensation or other claims action is warranted.
56. Where applicable, members are to complete a [Form D2051](#) as soon as possible after the initial illness or injury and lodge it with the nearest DVA Veterans Advisory Network office in their State or Territory of residence. For **MEC 304** (approved at MECRB and annotated for Extended Rehabilitation) personnel, the UWO is to provide the injured or ill member with a [Form D2051](#) and if necessary, guide the member through its completion. A delegate appointed under the MRCC then considers completed claims for determination.

LOSS OF OPERATIONAL ALLOWANCES

57. If, whilst on deployment outside Australia, a member has been injured or is suffering an illness that may be compensable and has been RTA due to the injury/illness prior to the completion of the deployment, they are entitled to make a claim for compensation under the MRCA. If the claim for compensation is accepted, the soldier is then able to be reimbursed for loss of operational allowances from DVA. The member is to be strongly encouraged to raise a claim under the MRCA for the medical condition that resulted in repatriation and subsequent loss of allowances.

58. DVA may repay ceased deployment allowance(s) only on acceptance of liability for a member's compensation claim. Once liability is accepted by DVA and following confirmation from Defence of the planned duration of deployment, payment of the lost allowance can commence with arrears being paid as appropriate. The payment will continue for the same period as if the member had remained deployed thus attracting the same tax treatment ie if the allowance was a tax free allowance, the payment by DVA will be treated the same.

UNIT MEDICAL EMPLOYMENT CLASSIFICATION REVIEW AND MEDICAL EMPLOYMENT CLASSIFICATION REVIEW BOARD CONSIDERATION

59. The correct assignment of a MEC is critical for the future rehabilitation of severely injured members. Where it is agreed by DAH that the member will require extensive and prolonged rehabilitation, the member's CMECR should be considered by an out of session MECRB for confirmation of an extended rehabilitation period. The period of extended rehabilitation is up to two years. This removes the burden of concern from the member regarding their immediate future, allows them to focus on their recovery and rehabilitation, ensures sufficient time to enable diagnosis of the injury or illness and determine the member's future employability.

ABSENCE MANAGEMENT

60. The requirements of DI(G) PERS 16-21—*Absence due to illness and absence for convalescence* are to be complied with when a member is recommended for absence due to illness or convalescence. Supporting medical elements are not to send a member on prolonged convalescence without the unit commander's/delegate's signature.

ARMY PERSONNEL NOT RELATED TO ESTABLISHMENT

61. In accordance with provisions outlined in DI(A) PERS 149-6—*Army Personnel not related to Establishment* personnel who are non-effective due to medical conditions for periods longer than three months may be posted Army Personnel Not Related to Establishment (APNRE). Unit commanders may request the member's Career Management Agency consider APNRE posting action at the end of the initial three-month non-effective period.

62. Posting action will normally only be initiated where a member is expected to be absent from duty due to illness or injury for a period of 12 months or longer. Where possible, members should be posted APNRE in order to maintain close supervision and a command relationship.

TRAINEE REHABILITATION

63. Recruits and trainees present special management challenges. They often lack the skills and knowledge found in trained members. High rates of injury have been consistently observed during initial training. All units commanding trainees are required to have robust systems in place to monitor injury rates and ensure early and vigorous rehabilitation of training injuries. Facilitating this requirement, the following Rehabilitation facilities have been established to manage recruits and trainees:

- a. Neville House Rehabilitation Platoon at Royal Military College;
- b. Weary Dunlop Rehabilitation Platoon at 1st Recruit Training Battalion; and
- c. Jeremy Williams Rehabilitation Platoon at the School of Military Engineering.

64. Injury of recruits and trainees often results in a secondary mental health issues caused by the disruption to training and the frustrations of recovery. Commanders are to ensure that the psychological requirements of rehabilitation are considered and assertively managed to minimise adverse mental health outcomes arising from the rehabilitation process.

COMPLAINT REGARDING MEDICAL TREATMENT

65. In accordance with the provisions outlined in [Health Directive 914—Management of health care related complaints in the Australian Defence Force](#), a member may complain against the level of medical treatment being provided from either the ADFRP or the Area Health Service. A complaint is to be referred to either the ADFRP case coordinator or to the SHO with a copy being given to the member's unit commander, who is to ensure that a copy of the notification is provided to DAH.

66. If the member considers that the outcome of their complaint is unsatisfactory, the member may submit an application in accordance with [DI\(G\) PERS 34-1—Redress of Grievance—Tri-Service procedures](#).

OPERATION CARE—WOUNDED IN ACTION SCHEME PROVISIONS

67. Operation CARE is a leave scheme funded by the Returned Services League. It provides a member who has suffered physical wounds, as a consequence of direct conflict with an opposing force, to spend time with their family to assist in the healing process and to give time for contemplation of and adjustment to the future. The assistance provided to the Army member and their family under this scheme is considered an important adjunct to the member's health care and rehabilitation plan.

68. Guidance on selection and nomination of Army members who are wounded-in action is contained in [CDF Directive 03/2009—Operation Care, Wounded in Action Scheme](#).

ARMY'S WOUNDED DIGGER WEBSITE

69. The Wounded Digger website is to be developed by AHQ to provide information on ADF and other agencies which may be involved in the treatment, rehabilitation, compensation and welfare issues that confront seriously injured members and their families. The website will be accessible through the Defence Restricted Network <http://intranet.defence.gov.au/woundeddigger> and at www.woundeddigger.gov.au.

AUSTRALIAN DEFENCE FORCE INTEGRATED PEOPLE SUPPORT STRATEGY

70. The ADF Integrated People Support Strategy (IPSS) was developed in 2007 as a through service personnel management and support strategy. To standardise the national delivery of Transition Services to all ADF members IPSS policy has been implemented by DSG's Directorate of Transition Support Services (DTSS) and is delivered through the 18 ADFTC located nationwide. Transition support services are provided by ADF Transition Practitioners and associated service providers to deliver an integrated, seamless and uncomplicated transition experience with improved access for all ADF members and their families. The new service provides individually tailored transition assistance to all transitioning and separating members, regardless of the reasons behind their transition/separation. This service includes providing information on Defence related administrative requirements; other government services such as DVA, ComSuper and Centrelink and links transitioning members to ESO.

ARMY PERSONNEL COORDINATION DETACHMENTS

71. Army is establishing a number of Army Personnel Coordination Detachments (APCD) inside selected ADFTC to better facilitate the transition of Army personnel and to provide a direct and immediate Army point of contact to assist and support the DTSS Transition Practitioners. The APCD will have uniformed staff to assist in the preparation and coordination of Army personnel seeking transition. They do not assume or override any DTSS transition responsibilities, but will greatly enhance the coordination and management of personnel administration, in relation to transition.

VETERANS AND VETERANS' FAMILIES COUNSELLING SERVICE

72. The VVCS is a specialised, confidential service provided to veterans, peacekeepers, their families and other eligible members. The VVCS are able to assist eligible members with individual, couple and family counselling, crisis support through the Veterans' line, education and group programs as well as timely information.

73. Army personnel seeking assistance may approach the VVCS on a self referral basis or seek access to the service on referral from DHS clinical staff.

STEPPING OUT PROGRAM

74. The Stepping Out Program is run by VVCS psychologists and social workers. The Stepping Out Program is a free service available to members and their families who are in the process of transition or have transitioned in the previous 12 months.

75. Members seeking access to this program should contact VVCS on 1800 011 046 or see the Veterans' Advisory Network directory at <http://www.dva.gov.au>.

CONCLUSION

76. The proper care and administration of severely injured or ill members is essential to the maintenance of morale and trust within Army. It is the responsibility of all commanders to ensure that their injured members receive the best possible care and administration.

Annexes:

- A. Acronyms
- B. Chief of Army responsibilities under the Military Rehabilitation and Compensation Act 1988
- C. Chief of Army Delegations under the Safety Rehabilitation and Compensation Act 1998 and Military Rehabilitation and Compensation Act 2004
- D. Definitions
- E. Consent to release of medical/psychological information to a Welfare Board
- F. Example—Individual Welfare Plan
- G. Guide to the conduct of Welfare Boards

Sponsor: DGPERS-A

ACRONYMS

1. For the purpose of this Army Instruction, the following acronyms apply:

ACA	Army Casualty Adviser
ADF	Australian Defence Force
ADFRP	Australian Defence Force Rehabilitation Program
ADFTC	Australian Defence Force Transition Centre
AHQ	Army Headquarters
AIMS	Army Incident Management System
AME	Aeromedical Evacuation
AO	Area of Operations
APA	Army Personnel Agency
APCD	Army Personnel Coordination Detachments
APNRE	Army Personnel Not Related to Establishment
APS	Australian Public Service
ARA	Australian Regular Army
AR	Active Reserve
AWB	Area Welfare Board
BCas	Battle Casualty
CA	Chief of Army
CAS-A	Casualty Administration Service—Army
CASEVAC	Casualty Evacuation
CMA	Career Management Agency
CCMA	Commander Career Management Agency
CDF	Chief of the Defence Force
CFTS	Continuous Full Time Service
CO	Commanding Officer
CMECR	Central Medical Employment Classification Review
CTAS	Career Transition Assistance Scheme
DAH	Directorate of Army Health
DCO	Defence Community Organisation
DCOORD-A	Director of Coordination—Army
DGGHS	Director-General Garrison Health Support
DGHP	Director-General Health Policy
DGPERS-A	Director-General Personnel—Army
DHS	Defence Health Service

DMF	Destination Medical Facility
DNBI	Disease Non-Battle Injury
DOCM-A	Directorate Officer Career Management—Army
DSG	Defence Support Group
DTSS	Directorate of Transition Support Services
DVA	Department of Veterans' Affairs
ESO	Ex-Service Community Organisation
FWB	Formation Welfare Board
HQ	Headquarters
HQJOC AOC	HQ Joint Operations Command, Air Operations Command
IPSS	Integrated People Support Strategy
IWB	Individual Welfare Board
IWP	Individual Welfare Plan
JHC	Joint Health Command
JHSA	Joint Health Support Agency
JOC	Joint Operations Command
MEC	Medical Employment Classification
MECRB	Medical Employment Classification Review Board
MEDEVAC	Medical Evacuation
MEDICAS	Medical Condition Notification
MRCA	<i>Military Rehabilitation and Compensation Act 2004</i>
MRCC	Military Rehabilitation and Compensation Commission
MRCG	Military Rehabilitation and Compensation Group (DVA)
MSO	Military Support Officer at DCO
NOK	Next of Kin
NOTICAS	Notification of Casualty
NWCC	National Welfare Coordination Centre
OC	Officer Commanding
OHS	Occupational Health and Safety
PCM	Program Case Manager
PEC	Primary Emergency Contact
PMKeyS	Personnel Management Key Solution
PRB	Personnel Review Board
RCASO	Regional Casualty Administration and Support Officer
RLA	Regional Level Agreement

RMO	Regimental Medical Officer
RTA	Return to Australia
RTAPS	Return to Australia Psychological Screen
SAAR	Senior Army Area Representative
SAFETYMAN	<i>Safety Manual</i>
SCMA	Soldier Career Management Agency
SHO	Senior Health Officer
SI	Seriously Injured/Seriously Ill
SLA	Service Level Agreement
SMO	Senior Medical Officer
SNCO	Senior Noncommissioned Officer
SPI	Serious Personal Injury
SRCA	<i>Safety, Rehabilitation and Compensation Act 1988</i>
STRAT AME	Strategic Aeromedical evacuation
TMS	Transition Management Service
TRW	Trainee Rehabilitation Wing
UMECR	Unit Medical Employment Classification Review
UWB	Unit Welfare Board
UWO	Unit Welfare Officer
UWP	Unit Welfare Plan
URLO	Unit Rehabilitation Liaison Officer
VAN	Veteran's Advisory Network (DVA)
VSI	Very Seriously Injured/Very Seriously Ill
VVCS	Veterans and Veterans' Family Counselling Service (DVA)
WB	Welfare Board
WRR	Workplace Rehabilitation Representative
XO	Executive Officer

CHIEF OF ARMY RESPONSIBILITIES UNDER THE MILITARY REHABILITATION AND COMPENSATION ACT 1988

1. The Chief of Army (CA) has the following responsibilities under the *Military Rehabilitation and Compensation Act 2004* (MRCA):

- a. **Unlikely return to Defence service of part-time Active Reserve (AR) members:** in accordance with MRCA [section 10](#). If a claim for compensation has been made under MRCA [section 319](#) by a part-time AR member, CA may advise Department of Veterans' Affairs (DVA) in writing if the reservist is unlikely to be able to perform normal duties in the future as a result of his or her incapacity.
- b. **Rehabilitation:** in accordance with MRCA [sections 44, 45, 46, 48, 50, 51, 52, and 53](#). CA may, on his own initiative, carry out rehabilitation assessments and rehabilitation program development.
- c. **Suitable employment:** in accordance with MRCA [sections 61 and 62](#). Taking all reasonable steps to assist in finding suitable work for members incapacitated as a result of a service injury or disease for which liability has been accepted.
- d. **Transition management:** in accordance with MRCA [section 64](#). Appointing a transition case manager to assist a full-time member or a member on continuous full-time service to transition to civilian life.
- e. **Normal earnings:** in accordance with MRCA [sections 91, 141, 154, 161, 168, 173 and 189](#). Providing certification for compensable pay-related allowances.
- f. **Compensation for members entitled to medical treatment:** in accordance with MRCA [section 272](#). Providing certification under the Defence Force Regulations that it is more appropriate to provide treatment under compensation provision.
- g. **Making a claim for compensation:** in accordance with MRCA [section 319](#). DVA must provide CA a copy of a claim when raised by a serving Army member.
- h. **Notification of original determination of claim:** in accordance with MRCA [section 346](#):
 - (1) make an original determination of a claim lodged by a serving Army member;
 - (2) Having determined a claim lodged by a serving Army member, provide a copy of the determination to the Military Rehabilitation and Compensation Commission; and
 - (3) receive copies from DVA of the determination of a claim and the reasons for the determination.
- i. **Original determination reconsideration:** in accordance with MRCA [section 347](#) and [section 349](#). Initiating reconsideration of an original determination made by CA.
- j. **Variation of determinations:** in accordance with MRCA [section 348](#). Consider whether to vary a compensation determination made by CA.

CHIEF OF ARMY DELEGATIONS UNDER THE SAFETY REHABILITATION AND COMPENSATION ACT 1998 AND MILITARY REHABILITATION AND COMPENSATION ACT 2004

1. Delegation of functions under the *Safety Rehabilitation and Compensation Act 1988* (SRCA).

Column 1 Item Number	Column 2 Office or Position	Column 3 Functions
1	Director-General Garrison Health Support (DGGHS), Joint Health Command (JHC)	<p>Sections 36 and 37 (other than sections 36(4) and 37(7))</p> <p>Note 1</p> <ul style="list-style-type: none"> • The functions delegated may be exercised on behalf of DGGHS, JHC by: <ul style="list-style-type: none"> – Deputy Director—Operations (DD—OPS), Directorate of Rehabilitation Services, JHC; – Deputy Director—Development (DD—DEV), Directorate of Rehabilitation Services, JHC; and – Rehabilitation Coordinator (RC), JHC. • DGGHS, JHC is to report regularly to Chief of Army (CA) the responsible exercise of this delegation.
2	Director-General Personnel—Army (DGPERS—A), Army Headquarters (AHQ)	<p>Governance of sections 36 and 37 (other than sections 36(4) and 37(7))</p> <p>Note 1</p> <ul style="list-style-type: none"> • The Governance functions delegated may be exercised on behalf of DGPERS—A by the Director Army Health (DAH). • DGPERS—A is to report regularly to CA Governance irregularities in the exercise of this delegation.
3	DGPERS—A, AHQ	<p>Sections 36(4) and 37(7))</p> <p>Note 1</p> <ul style="list-style-type: none"> • The functions delegated may be exercised on behalf of DGPERS—A by the DAH. • DGPERS—A is to report to CA each occasion this responsibility is exercised.

2. Delegation of functions under the *Military Rehabilitation and Compensation Act 2004* (MRCA):

Column 1 Item Number	Column 2 Office or Position	Column 3 Functions
1	DGGHS, JHC	<p>Sections 44, 45, 46, 51, 53, 272, 279 and 331.</p> <p>Note</p> <ul style="list-style-type: none"> • The functions delegated may be exercised on behalf of DGGHS, JHC by: <ul style="list-style-type: none"> – DD—OPS, Directorate of Rehabilitation Services, JHC; – DD—DEV, Directorate of Rehabilitation Services, JHC; and – RC, JHC. • DGGHS, JHC is to report regularly to CA the responsible exercise of this delegation.
2	Director-General Health Policy (DGHP), JHC	<p>Sections 272, 279 and 331.</p> <p>Note</p> <ul style="list-style-type: none"> • The functions delegated may be exercised on behalf of DGGHS, JHC by the Senior Regional Health Officer. • DGHP, JHC is to report regularly to CA the responsible exercise of this delegation.

Column 1 Item Number	Column 2 Office or Position	Column 3 Functions
3	Director-General People Services (DGPS), Defence Support Group (DSG)	<p>Sections 64, 91, 96, 104, 109, 114, 141, 144, 149, 154, 161, 164, 168, 173, and 189.</p> <p>Note</p> <ul style="list-style-type: none"> • The functions delegated may be exercised on behalf of DGPS DSG by: <ul style="list-style-type: none"> – Manager, Pay Administration Centre South Victoria, DSG; – Manager, Defence Force Pay Accounting Centre (DEFPAC); and – Supervisor, Customer Service, DEFPAC. • DGPS, DSG is to report regularly to CA the responsible exercise of this delegation.
4	DGPERS–A, AHQ	<p>Sections 10, 50, 51, 52, 53, 61, 62, 64, 272, 279, 319, 331, 346, 347, 348, 349, 353, and 354.</p> <p>Note</p> <ul style="list-style-type: none"> • The functions delegated may be exercised on behalf of DGPERS–A by the Director of Army Health. • DGPERS–A is to report regularly to CA the responsible exercise of this delegation.
5	DGPERS–A, AHQ	<p>Sections 91, 96, 104, 109, 114, 141, 144, 149, 154, 161, 164, 168, 173, and 189.</p> <p>Note</p> <ul style="list-style-type: none"> • The functions delegated may be exercised on behalf of DGPERS–A by the Director of Personnel Policy—Army for pay and salary related matters. • DGPERS–A is to report regularly to CA the responsible exercise of this delegation.
6	DGPERS–A AHQ	<p>Governance of sections 44, 45, 46, 51, 53, 64, 91, 96, 104, 109, 114, 141, 144, 149, 154, 161, 164, 168, 173, 189, 272, 279, and 331.</p> <p>Note</p> <ul style="list-style-type: none"> • DGPERS–A is to report regularly to CA Governance irregularities in the exercise of this delegation. • The Governance functions delegated may be exercised on behalf of DGPERS–A by the DAH.
7	Commander, Career Management Agency (CCMA), AHQ	<p>Sections 10, 53, 61, 64, and 331.</p> <p>Note</p> <ul style="list-style-type: none"> • The functions delegated may be exercised on behalf of CCMA, AHQ by: <ul style="list-style-type: none"> – Director Officer Career Management Agency Army; – Commanding Officer, Member Career Management Agency; – Commandant, 1st Recruit Training Battalion; and – Director Army Personnel Agency located in Townsville, Brisbane, Sydney, Melbourne, Hobart, Adelaide, Perth and Darwin. • CCMA AHQ is to report regularly to CA the responsible exercise of this delegation.

DEFINITIONS

1. For the purpose of this Instruction, the following definitions where published in [Australian Defence Force Publication 101—Glossary](#) apply:
 - a. **Aeromedical Evacuation (AME).** The movement of patients to and between medical treatment facilities by air transportation.
 - b. **Battle casualty.** Any casualty incurred as a direct result of hostile action, sustained in combat or relating thereto or sustained going to or returning from a combat mission.
 - c. **Disease non-battle injury.** Is defined in accordance with [Land Warfare Procedures G5-1-1—Operational Staff Guide Part 3—Combat Service Support](#) as those personnel losses not directly attributable to being in action, regardless of when sustained and include sick or diseased, accidentally injured and non-battle missing.
 - d. **Immediate family.** An Army member's immediate family is intended to be the nominated Next of Kin (NOK), including children, as recorded in the PMKeyS database, or another person specified by the member as the primary eligible person.
 - e. **Killed in Action (KIA).** The death of an Australian Defence Force (ADF) member as a result of an enemy action in a declared area of operations.
 - f. **Medical authority.** A qualified medical practitioner, either Service or civilian, who is responsible for determining the medical category (ie Very Seriously Ill, Seriously Ill or Satisfactory), of a member who suffers an illness or injury.
 - g. **Medical Employment Classification (MEC) 3.** MEC 3 is designated for those medical conditions or injuries that are considered temporary and for which there is reasonable expectation that the member will return to a deployable status following a period of rehabilitation and recovery. All MEC 3 sub-classifications are clearly defined as not fit for operational deployment. Personnel allocated MEC 3 may be fit for defined field exercises and seagoing service in accordance with individual rehabilitation programs.
 - h. **MEC 304 (Approved at Medical Employment Classification Review Board and annotated with Extended Rehabilitation.)** Temporarily not fit for full employment for a defined period of up to 24 months. The purpose of MEC 304 (extended rehabilitation) addresses an identified Service need to satisfy extended rehabilitation requirements for seriously injured or ill personnel. Additionally, an extended rehabilitation classification streamlines administrative processes and provides a greater level of assurance for injured personnel, allowing them to focus on rehabilitation to a deployable status.
 - i. **NOK.** The individual nominated by the member in PMKeyS, who for the purpose of this Instruction, is taken to be the closest relative and means:
 - (1) spouse or interdependent partner; or
 - (2) closest legally recognised relative (eg parents, siblings, children). The member's NOK may not necessarily be the Primary Emergency Contact. Nomination of a NOK in PMKeyS does not necessarily bestow any rights on that person to manage or dispose of the estate of a casualty.
 - j. **Non-battle casualty.** A person who is not a battle casualty, but who is lost to his organisation by reason of disease or injury, including persons dying from disease or injury, or by reason of being missing where the absence does not appear to be voluntary or due to enemy action or to being interned.
 - k. **Receiving Defence medical facility.** Is the Joint Health Command Garrison Health facility allocated the responsibility for the reception, medical administration and casualty reporting of a seriously injured/ill casualty that has been Strategic AME to Australia.

- l. **Rehabilitation.** (ADF) The action taken to prepare immobilised individuals, such as military prisoners and hospital patients, for their return to military duty or useful civilian employment:
- (1) **Clinical rehabilitation** is the practice of helping people who have suffered functional loss to recover lost function and adapt to disability. It is a co-ordinated program of care directed by a consultant in rehabilitation medicine and recognised as a specialty clinical discipline. Clinical rehabilitation targets people with loss of function or ability from any cause such as disease or strokes, or resulting from injury such as general accidents, sporting injuries, surgery, motor vehicle accidents, work accidents etc. Effective clinical rehabilitation prevents rather than increases further health care costs and as such acts to reduce ongoing dependence on and costs to the health and welfare systems. (Committee on the Aging).
 - (2) **Occupational rehabilitation** is a strategy aimed at maximising a member's potential for restoration to their pre-injury physical, occupational, social, psychological and educational status. In Defence the focus is on:
 - (a) achievement of optimal, physical and mental recovery;
 - (b) return to suitable work at the earliest possible time;
 - (c) returning ADF members to a deployable level of fitness where possible, in a timely and cost efficient manner; and
 - (d) the reduction of the human and economical costs of disability to members, the ADF and the broader community.
 - (3) **Vocational retraining** is a process that assists clients to come to terms with their disability, injury or health condition and its impact on their options as a job seeker and their daily life.
- m. **Responsible Unit.** The unit responsible for the administration of the Defence member at the time that the Army member becomes a casualty. Army members who are posted outside their Army Service have a nominated administrative unit/shore establishment. This unit is to be included in all notifications.
- n. **Seriously ill.** A patient is seriously ill when their illness is of such severity that there is cause for immediate concern but there is no imminent danger to life.
- o. **Serious personal injury.** An injury to, or disease in, a person:
 - (1) that is caused in the course of work; and
 - (2) for which the person needs to be:
 - (a) given emergency treatment by a registered medical practitioner; or
 - (b) treated in a hospital as a casualty, without being admitted to the hospital; or
 - (c) admitted to a hospital. (Occupational Health and Safety (Safety Arrangement) Regulations 1991, regulation 2.)
- p. **Member.** A member of the Army, as defined in [section 3](#) of the *Defence Force Discipline Act 1982* means a member of the, the Australian Regular Army; or a member of the Active Reserve who is rendering continuous full-time service, or is on duty, or in uniform.
- q. **Very seriously ill.** A patient is very seriously ill when his illness is of such severity that life is imminently endangered.

- r. **Workplace.** Includes a ship, vehicle or aircraft, any Defence establishment or any other location or situation that a member is required to attend for the purpose of military employment. This includes integrated work environments involving Australian Public Service employees and contractors, and work related sporting or social functions that extend from the normal work environment and have been approved as an official workplace activity by a Commanding Officer or delegate.
- s. **Wounded in action.** A battle casualty other than KIA who has incurred an injury due to an enemy action, external agent or cause in a declared area of operations. This term encompasses all kinds of wounds and other injuries incurred in action, whether there is a piercing of the body, as in a penetrating or perforated wound, or none, as in the contused wound; all fractures, burns, blast concussions, all effects of biological and chemical warfare agents, the effects of exposure to ionising radiation or any other destructive weapon or agent.

CANCELLED

CONSENT TO RELEASE OF MEDICAL/PSYCHOLOGICAL INFORMATION TO A WELFARE BOARD

PMKeyS number:

Rank:

Given names:

Family name:

1. I acknowledge that I have been advised that I am to be reviewed by a Welfare Board, comprising health professionals, staff representing my unit, and in some cases a representative from the Directorate of Army Health.
2. I understand that my Commanding Officer/Officer Commanding as the Board Chair and other board members may be informed of the implications of my medical and/or psychological condition/disability/treatment on the performance of my primary duties, general service duties and my ability to deploy. Additionally, I note medical and psychological information will not be released to a third party not involved with my case or for any other purpose not disclosed to me.
3. I understand that I may elect to authorise release of clinical information to personnel not in the Defence Health Service but legitimately involved in my administrative management.
4. I understand the Welfare Board documentation is given a privacy marking of STAFF-IN-CONFIDENCE or MEDICAL-IN-CONFIDENCE as appropriate and the 'need to know' principle will be strictly applied.
5. I consent/do not consent to the release of relevant health information to the personnel attending my Welfare Board.
6. I do/do not wish to be debriefed in person by the Board.
7. I do/do not want my next of kin present for the Board debriefing.

OR

8. I acknowledge that, as a consequence of my refusal to consent, the Welfare Board will decide my case based on the functional impact of my medical condition, without a comprehensive understanding of my condition.

Appendix:

1. [Consent to release of medical/psychological information to a Welfare Board](#)

CONSENT TO RELEASE OF MEDICAL/PSYCHOLOGICAL INFORMATION TO A WELFARE BOARD

I hereby consent/do not consent to the use of or disclosure of my personal information to the following persons or organisations:

Printed Name or Organisation	Address	Role	Telephone number

Signature

Name

Rank

Date

EXAMPLE—INDIVIDUAL WELFARE PLAN

From:	Unit/formation name	5RAR	
To:	Superior headquarters (HQ)	HQ 1 DIV HQ 1 BDE	Enoggera Qld Darwin NT
Info:	Forces Command Directorate of Army Health Casualty Administration Service—Army		Sydney NSW Canberra ACT
Subject:	Welfare Board—8822444 PTE I.M. Hurt, RA Inf—Disease non-battle injury		
1.	Date/time group (DTG)	0800 hours 21 May 2010	DTG of actual incident.
2.	Location	Robertson Barracks, WA	
3.	Unit(s) involved	5 RAR	
4.	Description of incident	PTE Hurt injured his fractured his spine whilst undergoing unit training at Mt Bundy training area.	Only factual information included in this section.
5.	Actions taken to date	<p>Attendees: MAJ Felix Canine WO2 Peter Tiger Dr Brendan Medication Ms Daisy Helpout Ms Elaine Smyth Ms Kathleen Spine WO1 Harry Gotcha</p> <p>Executive Officer—Board Convening Member Unit Welfare Officer (UWO) 5RAR Medical Case Manager, Robertson Barracks Medical Centre Rehabilitation Coordinator Program Case Manager (PCM) Para/Quad Association of NT WO Pers HQ 1 Bde</p> <p>1. Accommodation. Ms Helpout will assess the Married Quarters (MQ) with PTE Hurt on 04 July 2010. Action: No alteration to the MQ is to take place until Ms Helpout's assessment is conducted. Commonwealth Rehabilitation Services have relayed this to Defence Housing Authority (DHA). Confirmed by Mr Mark Thurkle, DHA Area Manager.</p> <p>2. Medical/surgery. Dr Medication has had no further update on PTE Hurt's progress due to PTE Hurt being in Brisbane, but is meeting him this afternoon. Action: Dr Medication to update the Welfare Board next month.</p> <p>3. Form AC 563—Defence OHS Incident Report (available on the Defence Web Forms System). Raised by 5RAR 23 May 2010.</p>	

		<p>4. Compensation claim. Form D2051—Claim for Liability and/or Reassessment of Compensation The Regional Casualty Administration and Support Office (RCASO) has prepared the claim and it has been forwarded to Department of Veterans' Affairs (DVA). The claim has been registered and will be processed as a matter of priority once PTE Hurt's birth certificate is added to the claim paperwork. Action: RCASO to monitor and update the Welfare Board as appropriate. Family in process of locating original birth certificate required by DVA.</p> <p>5. Carer's Payments. The case manager will investigate getting Carer's Payments through DVA or Centrelink for the family when they meet 08 July 2010. Action: Case Manager to update board on progress next month.</p> <p>6. Psych support. Dr Kay (Consultant Psychologist) at Darwin Hospital continuing to meet with PTE Hurt. Action: UWO and Dr Medication to remain informed of all future Psych appointments. Dr Medication to continue liaison with DR Kay.</p> <p>7. Aids to independent living and training. The Para/Quad Association WA has provided a assistance with mobility and the Orientation and Mobility sessions are proceeding well with the next session on 04 July 2010. Ms Kathleen Spine attended the meeting today and reported that PTE Hurt's skills are progressing well and he remains motivated towards his training. Ms Spine will keep the board informed on PTE Hurt's rehabilitation progress. Ms Spine also informed the board that there are a myriad of training aides and support tools eg (voice based computer software) available to PTE Hurt. Ms Spine's advice is that he concentrates on the mobility training and progresses to further aides and supports once he has mastered this. Action: Australian Defence Force Rehabilitation Coordinator is to continue to liaise with Para/Quad Association NT with respect to all Operative Treatment treatment. UWO to be kept informed of liaison.</p> <p>8. PCM support. The Occupational Therapist, Ms Kathryn Dogood will also meet with PTE Hurt on 04 July 2010 to start assessment. This will form the basis of PTE Hurt's day-to-day function rehabilitation eg learning to shave/dress etc. Action: UWO to be kept informed of progress.</p> <p>9. Disabled driver parking sticker. The family is awaiting the disabled parking sticker in the mail. Action: Dr Medication will follow up again.</p> <p>10. ABC interview. UWO to monitor. PAO 1 DIV will be kept informed. Public relations support has been offered to the family for Defence approved media requests. An interview with the family by ABC radio is being sought.</p>
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		<p>11. OP CARE. A copy of the directive has been provided to Mr and Mrs Hurt and discussed with WO1 Gotcha. Still awaiting update of application progress. Action: UWO to monitor. Letter may be forthcoming from Land HQ to 5RAR outlining the decision of the Returned Services League (RSL).</p> <p>12. Veterans and Veterans' Family Counselling Service (VVCS). Services such as VVCS and RSL are available to the family at their request. Action: Wait until Family approaches Defence Community Organisation.</p> <p>13. Expectation management. The board was reminded of the requirement to stay within their area of expertise and only provide advice/support to the family accordingly. This was in response to minor occurrences where persons supporting the board may have exceeded their jurisdiction and whilst with the best intentions, may have created a false expectation from the family. Action: The board was in complete support of this requirement.</p>			
6.	Point of contact	WO2 Peter Tiger, UWO 5 RAR Telephone: (08) 0000 0000 Mobile: 0400 000 000			
7.	Commander's intent/evaluation	<p>Next meeting. The next meeting will be conducted at 1030 hours, Thursday, 10 July 2010. Location: 5RAR unit conference room.</p> <p>CAPT Owen Charge is the point of contact for the Welfare Board. His mobile is: 0400 000 000.</p> <p>WO2 Tiger is the Unit Assisting Officer and is the point of contact for all information with regards to the Hurt Family. Contact: (Mobile: 0400 000 000)</p>			
8.	Commanding Officer Comments				
		Rank	Name	Signature	Date
9.	Member's Debriefing/Comments	<p>I have been debriefed on the outcomes of the welfare board</p> <p>I understand the outcomes of this welfare board</p>			
		Rank	Name	Signature	Date

GUIDE TO THE CONDUCT OF WELFARE BOARDS

Introduction

1. Effective administration of members with significant health and welfare problems is critical to unit morale. Failure to maintain consistency and attention to detail adversely affects members, and exposes the chain of command to adverse administrative action. The compounded effect of poor administration has the potential to significantly distract unit personnel from their primary task.

Authority

2. The Service Chiefs are empowered to exercise Chief of the Defence Force (CDF) employer function as outlined in the *Occupation Health and Safety Act 1991* (OHS Act) part 2, division 1, [section 16](#) and as such are required to ensure that unit Welfare Boards (WB) are conducted to comply with the intent of OHS Act [sections 34](#) to 36.

3. Additionally, Chief of Army (CA) is the Rehabilitation Authority for all Army members as specified in [section 39](#) of the *Military Rehabilitation and Compensation Act 2004*. As the Rehabilitation Authority for Army, CA has a number of responsibilities, which are detailed in [annex B](#).

4. The conduct of a WB meets the Army's commitment to the CDF decision Directive dated 13 September 2008—*'return to work programs following psychiatric/psychological problems are only to commence when a full report from the treating specialist has been made available, the relevant commander consulted and both medical practitioners agree on the proposed course of action'*.

Conduct of Welfare Boards

5. Members are to be presented to a WB comprising command and specialist advisers in order to monitor the management of the member's administration, medical and rehabilitation requirements. The WB is designed to inform the unit commander and the chain of command by assisting the casualty by coordinating and where necessary determining administrative action supporting the member's needs. It exists to deal with those members who have complex problems that require detailed coordinated effort across a number of administrative and specialist fields in order to achieve an effective outcome.

Process

6. The WB process is dynamic. The WB will review the member's circumstances and produce a course of action which will be documented in the individual's welfare plan. The individual welfare plan will be reviewed and updated at subsequent WB meeting, until the member is removed from the board's supervision.

7. A member is only released from the WB process once all required administrative action is complete, and the member has been made fully aware of the implications and outcomes of the board deliberations. The WB process is divided into four distinct phases:

- a. identification,
- b. preparation,
- c. review, and
- d. subsequent action and review.

8. **Identification.** The chain of command is to identify members who require review by the WB. All Medical Employment Classification (MEC) 3 and MEC 4 members are to be reviewed.

9. **Preparation.** Preparation relates to the administration and counselling required in preparing the member for review. The referring sub-unit is to appoint a representative who will present the member to the WB. The sub-unit representative is to be an officer or senior non-commissioned officer with detailed knowledge of the member's circumstances and who is also responsible for administration of the member. Ideally this task should be given to the member's Platoon/Troop Commander or Platoon/Troop Sergeant.

10. A critical aspect of preparing the member for WB review is having the member understand their circumstance, and for them to prepare a course of action that they believe will address their needs.

11. **Review.** The WB reviews the individual welfare plan and assesses the progress of the member. Any subsequent course of action agreed by the WB will be incorporated into an amended welfare plan. Each case is to be reviewed by the board, with specialist advisors available as required.

12. Each review should commence with a background brief provided by the sub-unit representative. The WB will determine a course of action based upon:

- a. background information;
- b. members wishes and information provided in the individual welfare plan;
- c. specialist considerations provided from board members; and
- d. requirements of Australian Defence Force (ADF) policy.

13. **Subsequent action and review.** The results from the WB are recorded in the form of minutes which describe the course of action the WB has determined. Minutes are to be produced following the conduct of the WB and distributed command, Directorate of Army Health (Casualty Administration Service—Army), the member and specialist advisers as appropriate.

14. The minutes provide the basis for subsequent action to be taken prior to the next review. The sub-unit representative and member are to amend the individual member's plan to reflect the course of action detailed in the minutes. Subsequent review is intended to assess progress made in dealing with the member's circumstances and to amend the course of action if required. If it is determined through subsequent review that the member's circumstances have been appropriately dealt with, the WB will release the member from the WB process.

Responsibilities

15. Responsibilities for the conduct of the WB process are as follows:

- a. **Adjutant (Coordination).** The Adjutant is responsible for coordination and supervision of the WB process. Officers commanding and Unit Headquarters (HQ) Staff assist him in implementation. Specific responsibilities are:
 - (1) scheduling WB, and advising board members and advisers;
 - (2) coordinating the WB case list; and
 - (3) supervising the production of WB minutes.
- b. **Officer Commanding.** Officers Commanding are responsible for implementing appropriate administrative processes within their respective sub-unit for the identification and preparation of members for the WB. Specific responsibilities are:
 - (1) advising Unit HQ staff of members identified for review;
 - (2) introducing internal sub-unit procedures to identify and prepare members for review; and
 - (3) supervise the implementation of WB determinations.

- c. **Sub-unit representatives.** Sub-unit representatives are selected to represent a member to the review board. They are to be familiar with the member's circumstances and are to be in the member's chain of command. Ideally the sub-unit representative is to be the members Platoon/Troop Commander or Platoon/Troop Sergeant. Sub-unit representatives are responsible for:
- (1) preparing members for review (a summary checklist is in [table G-2](#));
 - (2) assisting the member to prepare an individual welfare plan;
 - (3) providing the WB with supporting documentation, where relevant, on the members circumstances, conduct, progress or other relevant information; and
 - (4) implementing the course of action determined by the WB in accordance with the WB minutes.
- d. **WB members.** WB permanent members are responsible to the Commanding Officer to advise and assist in determining an appropriate course of action for members presented for review. They are responsible for:
- (1) advising on ADF policy in relation to their area of responsibility;
 - (2) assisting the WB in determining a course of action based on subject matter expert knowledge; and
 - (3) implement the course of action determined by the WB in accordance with WB minutes and the updated welfare plan.

Nature of Referral	Member preparation requirement	Documentary requirements
Medical	<ul style="list-style-type: none"> • Counsel member on WB process. • Counsel member on Medical Employment Classification Review Board process. • Produce Welfare plan as per annex F. 	<ul style="list-style-type: none"> • Medical disclosure consent form • Personnel record. • Medical record <p>Related documentation contained in Platoon Comd Notebook (record of conversation (ROC), Field reports etc))</p>
Psychological	<ul style="list-style-type: none"> • Counsel member on WB process. • Produce Welfare plan as per annex F. 	<ul style="list-style-type: none"> • Psychological information disclosure consent form. • Personnel record • Relevant Form PS 006—Psychological Report <p>Related documentation contained in PI Comd Notebook (ROC, Field reports etc)</p>
Rehabilitation	<ul style="list-style-type: none"> • Counsel member on WB process. • Counsel member on rehabilitation responsibilities. • Produce Welfare plan as per annex F. 	<ul style="list-style-type: none"> • Outline Rehabilitation program • Updated monthly progress report from Program Case Manager

Table G-1: Welfare Board preparation requirements

<p>Member's WB statement (if applicable)</p>	<p>Medical/Psychological disclosure consent form (mandatory)</p>	<p>Supervisor's workplace disability issues and comment (if applicable)</p>
<p>MO Report on Clinical progress</p>	<p>Categorization (if applicable) <input type="checkbox"/> change of member categorization required</p>	<p>Mental Health (if applicable) <input type="checkbox"/> Form PS 006—<i>Psychological Report</i> <input type="checkbox"/> RTAPS/POPS</p>
<p>Incident reports (if applicable)</p> <p>a. DI(G) ADMIN 67-2—<i>Quick Assessment</i> b. CA Directive 05/2007—<i>OHS Incident Reporting and Notification</i> c. DI(A) ADMIN 23-2—<i>Management of reportable incidents</i> <input type="checkbox"/> Form AC 563—<i>Defence OHS incident report</i> <input type="checkbox"/> Quick Assessment <input type="checkbox"/> Initial Incident Report (IRR) <input type="checkbox"/> Subsequent Incident Report (SIR) <input type="checkbox"/> Closure Incident Report (CIR)</p>	<p>Rehabilitation</p> <p>a. DI(G) PERS 16-22—<i>Australian Defence Force rehabilitation program</i> <input type="checkbox"/> Form PM 546—<i>Referral for Rehabilitation Assessment</i> <input type="checkbox"/> Form PM 546-4—<i>Rehabilitation Assessment Part 5 Rehabilitation Plan</i> <input type="checkbox"/> Form PM 546-5—<i>Rehabilitation Activities Schedule (mandatory)</i> <input type="checkbox"/> PCM Monthly Progress report (mandatory) <input type="checkbox"/> PTI report (if raised)</p>	<p>Compensation (RCASO guidance)</p> <p>a. DI(G) PERS 16-1—<i>Health care of Australian Defence Force personnel</i> <input type="checkbox"/> DVA Form 1001—<i>Claim for liability or reassessment of Compensation</i> <input type="checkbox"/> DVA Form D204—<i>Injury or disease details</i> <input type="checkbox"/> DVA Form D663—<i>Proving your identity to DVA</i> <input type="checkbox"/> DVA advice on liability for compensation <input type="checkbox"/> DVA member support</p>
<p>UWO Report (Guidance to CO)</p> <p>a. DI(A) PERS 33-6—<i>Welfare Responsibilities within the Army</i> <input type="checkbox"/> Single point of contact for access member</p>	<p>DHA advice on accommodation (if applicable)</p> <p><input type="checkbox"/> Reallocation of member to suitable DHA leased MQ <input type="checkbox"/> Other recommended modifications to DHA leased MQ</p>	<p>DCO Report (if applicable)</p> <p>a. DI(G) PERS 11-1—<i>Defence Force Sponsored visits to Service members suffering serious illness or injury—The Australians Dangerously Ill Scheme</i> b. DI(G) PERS 42-1—<i>ADF family Support Policy</i> c. DI(G) PERS 42-3—<i>Defence Community Organisation</i> <input type="checkbox"/> AUSDIL request <input type="checkbox"/> Family support request</p>
<p>Reg. Officer Report (if applicable)</p>	<p>Education Officer Report (if applicable)</p>	<p>Padre Report (if applicable)</p>
<p>ComCare Investigation Report (if applicable)</p> <p>a. <i>Occupational Health and Safety Act 1991</i>, section 68 and 69 b. <i>ArmySAFE Manual</i>, volume 1 1, section 2, chapter 15—'OHS Incident Management' <input type="checkbox"/> SPI on duty in Australia <input type="checkbox"/> Notification to ComCare</p>	<p>MECRB decision</p> <p>a. DI(G) PERS 16-15—<i>Australian Defence Force Medical Employment Classification System</i> b. DI(A) PERS 124-29—<i>Medical Employment Classification System in the Australian Army</i> c. DI(A) PERS 149-6—<i>Army Personnel not related to Establishment</i> <input type="checkbox"/> Medical restrictions <input type="checkbox"/> UMECR classification MEC 304 recommendation to MECRB <input type="checkbox"/> Extended rehabilitation notification <input type="checkbox"/> APNRE posting action <input type="checkbox"/> Retention/ transition expectation management (career management responsibility with advice from DAH)</p>	<p>AR member consideration (if applicable)</p> <p>a. DI(G) PERS 05-33—<i>Engagement of members of the Australian Defence Force Reserves to render continuous full-time service</i> b. DCA Directive 09/2009—<i>Interim arrangements for ARes members injured during Reserve service</i> <input type="checkbox"/> Extension of CFTS agreement <input type="checkbox"/> ARTS continuation <input type="checkbox"/> DAH compensation claims tracking sought with DVA</p>
<p>OP CARE (if applicable)</p> <p>a. CDF Directive 03/2009 dated 9 Feb 09 <input type="checkbox"/> Nomination recommended to DCOORD</p>	<p>Absence Management</p> <p>a. DI(G) PERS 16-21—<i>Absence due to illness and absence for convalescence</i> <input type="checkbox"/> Form PM101 raised by MO <input type="checkbox"/> Absence approved by CO</p>	<p>Other Stakeholder Advice (if applicable) (requires definition on a case by case basis)</p>

Table G-2: Unit Welfare Board Checklist and Directorate of Army Health (Casualty Administration Service—Army) Audit requirement