

Workplace Policy and Procedures Checklist for Employers

Introduction

The following checklist is intended to assist employers to identify whether their workplace rehabilitation policy and procedures addresses some of the basic principles of workplace rehabilitation and is consistent with the *Act* and *Regulation*. The purpose of the policy and procedures is to set out an agreed system to be followed in the event a worker suffers a work-related injury or illness. Policy and procedures documents should therefore be developed in consultation with the workforce and address the culture and environment of the workplace.

Although the final wording and format of the policy and procedures is a matter for the employer and their workforce, they may find it useful to work through the following checklist before submitting documents for accreditation. A “No” answer for any point may result in delays in accreditation by Q-COMP. Employers should remember that their management of workplace injury and illness forms a component of the overall injury management strategy of the insurer i.e WorkCover or a self-insured employer. The effectiveness and relevance of the policy and procedure must be reviewed at least on a three yearly basis. The review date must be shown on the policy and procedure document. The policy statement and the procedures documents must be readily accessible to all employees.

Policy and procedures documents

The policy and procedures documents are made up of two sections:

1. A policy statement of commitment to workplace rehabilitation that is signed by the Chief Executive Officer of the organisation or other similarly authorised office holder eg. Manager for Queensland.
2. A detailed policy document (that may include flow charts) setting out roles and responsibilities for all parties and instructions for how the organisation’s system of workplace rehabilitation will be implemented at the workplace

POLICY STATEMENT OF COMMITMENT - CHECKLIST

Note: Policy statement should be signed and dated by CEO, show a review date and be displayed in a prominent position in the workplace.

The policy statement should address the following key principles:

1. Commitment to legislative obligations for workplace rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Policy and procedures developed as a joint worker-management agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Workplace rehabilitation as a normal expectation for all workers who sustains an injury/illness in the course of their employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. All workers made aware that they will be consulted in the development of a safe and graduated suitable duties program	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Recognition of the benefits of workplace rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Injured workers will not be disadvantaged by participating in workplace rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Commitment given to maintaining confidentiality of both written and verbal information	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Employer's commitment made to:	
• Early intervention and early return to work	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Multi-disciplinary approach	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Shared responsibility	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Function oriented goals	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Industry (workplace) based rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Durable employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Source: Australian College of Occupational (Vic) and Rehabilitation (NSW) Medicine 1987.</i>	
9. Commitment made to the provision of suitable duties	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. The policy statement has a review date	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. The policy statement is dated and signed by current CEO/Manager	<input type="checkbox"/> Yes <input type="checkbox"/> No

POLICY AND PROCEDURES - CHECKLIST

Note: Employers may choose the language that reflects the concepts contained in each "dot point".

The policy & procedures should address the following key principles:

1. Scope and purpose of the policy explained eg.

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ Establishment of a system to support an early and safe return to work for all injured workers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ Promoting a culture of acceptance for workplace rehabilitation | <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. A definition of suitable duties consistent with the legislation is provided, eg:

- | | |
|---|--|
| Duties for which the worker is suited having regard to (at least the following points): | |
| <ul style="list-style-type: none"> ▪ The nature of the worker's incapacity and pre-injury employment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ Relevant medical information | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ The rehabilitation plan for the worker | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ Provisions of the employer's workplace rehabilitation policy and procedures | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ The worker's age, education, skills and work experience | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ Whether it is reasonable to expect the injured worker to attend for suitable duties at another location | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ Any other relevant matters | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. Rights and responsibilities for injured workers:

- | | |
|---|--|
| Rights: | |
| <ul style="list-style-type: none"> ▪ Be able to choose their own doctor | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ Compensation for claims accepted by the workers' compensation insurer | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ Authorise the Rehabilitation and Return to Work Coordinator to contact their doctor for advice on suitable duties | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ Confidential, safe keeping of this personal information | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ Be provided with suitable duties, if practicable | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ Be consulted in the development of a rehabilitation and/or suitable duties plan | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ Representation if so desired | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ Access to an impartial grievance mechanism, which is accessed in the first instance by raising the grievance with the Rehabilitation and Return to Work Coordinator for resolution or escalation. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Responsibilities: | |
| <ul style="list-style-type: none"> ▪ Apply for workers' compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ Advise their doctor of the availability of workplace rehabilitation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ Actively participate in workplace rehabilitation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ Maintain relevant communication with the rehabilitation coordinator | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4. Role and responsibilities for the workplace Rehabilitation and Return to Work Coordinator

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ Ensure an efficient system exists for early notification of the rehabilitation and return to work coordinator when workers are injured so as to enable early worker contact regarding rehabilitation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ Assist the employer to comply with their duty to report injury to the insurer within 8 days | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ Advise the insurer of the details of all suitable duties plans, including actual hours worked once the plan commences | <input type="checkbox"/> Yes <input type="checkbox"/> No |

<ul style="list-style-type: none"> ▪ Maintain confidentiality of information received including appropriate storage and handling of rehabilitation files to preserve confidentiality 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Develop, coordinate and monitor workplace rehabilitation strategies for injured workers (this may include rehabilitation plans and suitable duties plans) 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Obtain treating doctor approval for all plans (not required if sufficient information is available on medical certificate or report) 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Educate all workers about the Workplace Rehabilitation Policy and Procedures and what to expect when an injury occurs 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Educate supervisors regarding their role and responsibilities for rehabilitation 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Ensure education about workplace rehabilitation is part of the new staff induction process 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Promote this organisation's Workplace Rehabilitation program internally to maintain staff's commitment 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Promote the organisation's Workplace Rehabilitation Program to treating doctors so as to build a good working relationship and gain their trust and assistance 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Keep a file for each worker undertaking rehabilitation, including all documents, correspondence, case notes (to be signed and dated) and accounts and ensuring confidentiality of this information 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Maintain relevant statistics regarding workplace rehabilitation 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Ensure currency of the Workplace Rehabilitation policy & procedures and their own Rehabilitation and Return to Work Coordinator accreditation 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Provide injured workers with the opportunity to give feedback on the rehabilitation system and to document this feedback 	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Role and responsibilities for managers, line managers and supervisors	
<ul style="list-style-type: none"> ▪ Offer support and encouragement to any injured worker 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Actively assist the Rehabilitation and Return to Work Coordinator in identifying and coordinating suitable duties 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Adjust workplace procedures and rosters to enable successful implementation of the plan 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Monitor the injured worker's progress in relation to suitable duties. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Role and responsibilities for co-workers	
<ul style="list-style-type: none"> ▪ Offer support and encouragement to any injured worker 	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Role of treating doctor	
<ul style="list-style-type: none"> ▪ Provide relevant medical certification 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Provide sufficient information to allow development of suitable duties plans / rehabilitation plans 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Other key topics	
<ul style="list-style-type: none"> ▪ An explanation of the process from time of injury through to a return to work with normal duties and hours <i>(May include a flowchart showing process and crucial points in the process)</i> 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Copy of the following forms attached for approval: <ul style="list-style-type: none"> ○ Injured worker authority for contact with treating doctors/providers 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Suitable duties plan 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Letter of introduction to treating medical provider 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Injured worker survey/feedback form (content to be developed by employer) 	<input type="checkbox"/> Yes <input type="checkbox"/> No