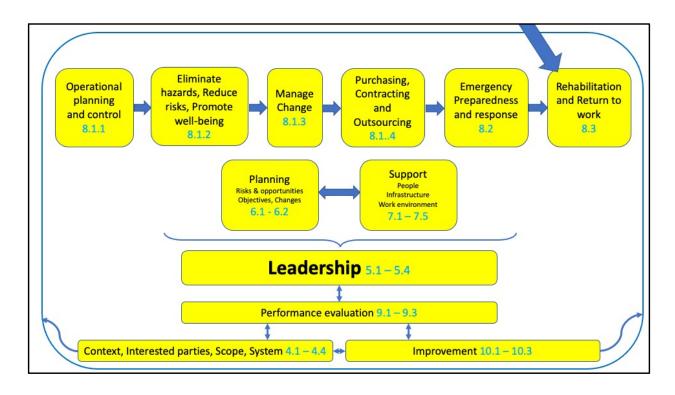
Lesson 6 – Clause 8: Operation

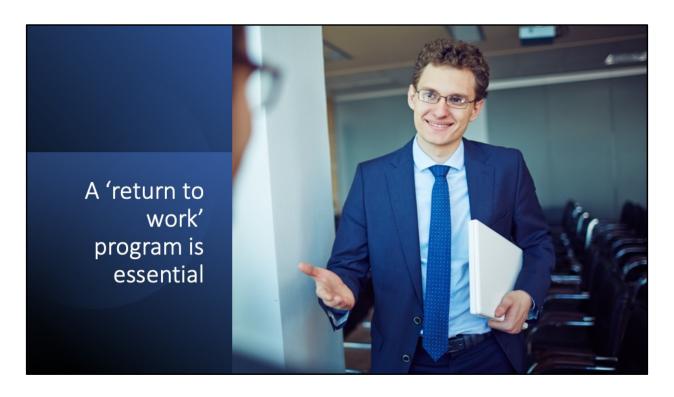
Clause 8.3 – Rehabilitation and Return to Work





8.3 Rehabilitation and return to work





The organization should design and implement appropriate rehabilitation and return-to-work programmes.



Rehabilitation and return-to-work programmes aim to provide appropriate support to workers experiencing negative impact of exposure to psychosocial hazards, including where this has resulted in absence from work.

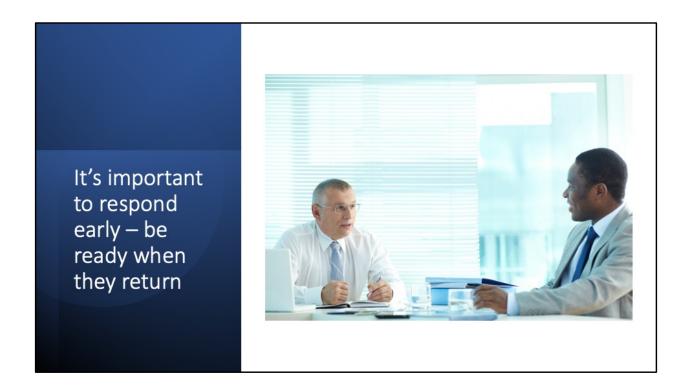
Coming back, they may be under extra stress or perceive that they are



8.3 Rehabilitation and return to work

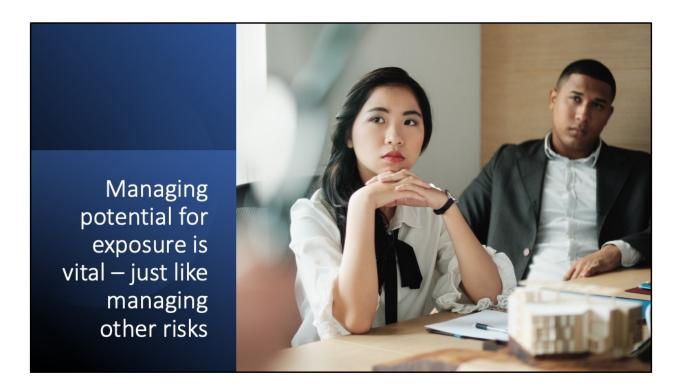
When designing these programmes, the organization should take into account that workers can be at increased potential for exposure to psychosocial risks as part of the return to work process. For example, work adjustments to facilitate return to work can result in changes to work tasks, relationships and social interaction, supervision, work culture, and perceptions of achievement and value at work.

The potential for increased exposure to psychosocial risks applies to workers who are returning to work regardless of the reason for their absence.



An early and supportive response to negatively affected workers is important.

The organizations can encourage early reporting of issues by demonstrating commitment to maintaining confidentiality and providing a supportive, respectful work environment (see <u>Clause 5</u>).



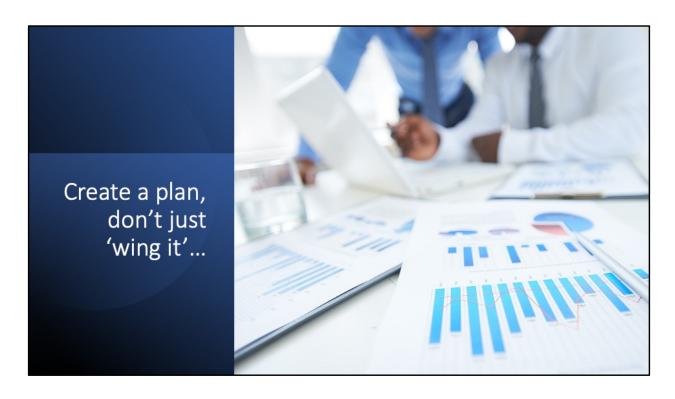
The potential for exposure to psychosocial risks during return to work should be managed in a manner consistent with how all psychosocial risks should be prevented and managed.



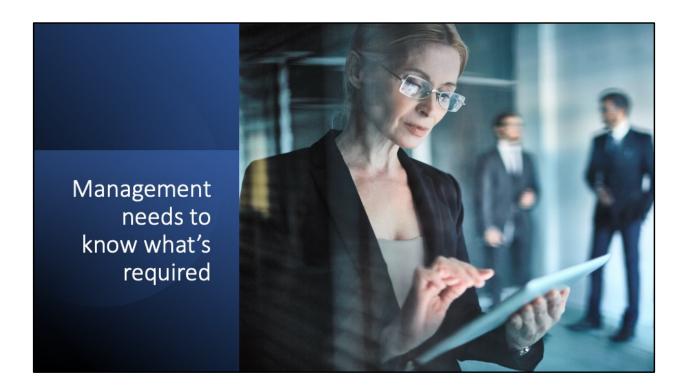
Examples of measures to improve rehabilitation and return to work include: a) providing access to, or information about, general occupational health services, whether internal or external to the organization;



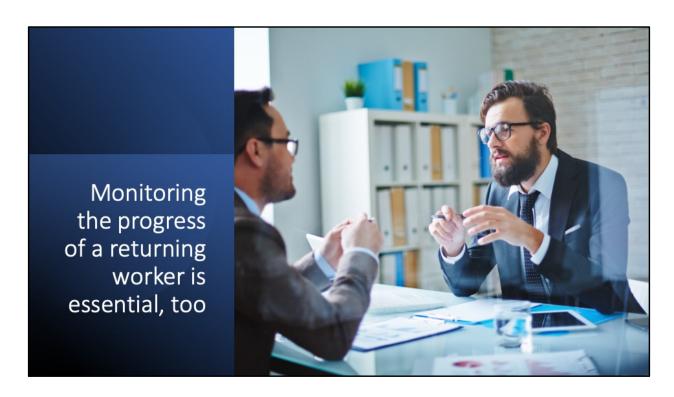
b) providing access to, or information about, confidential debriefing, counselling services, conflict mediation services, and access to relevant assessment(s) etc.;



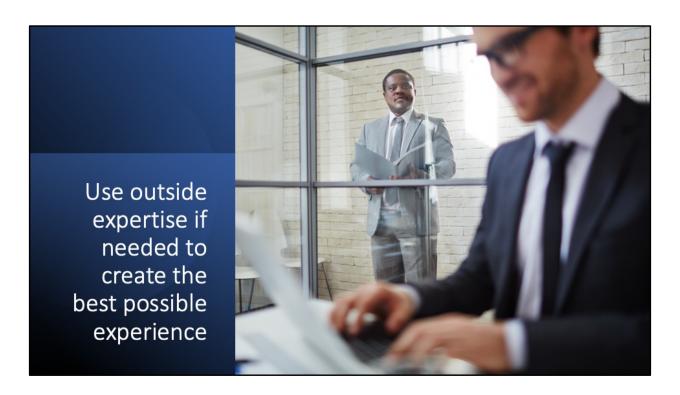
c) talking with an affected worker to understand and plan for reasonable work adjustments to support return to work;



d) ensuring workers with management roles are competent to manage the impact of exposure to psychosocial hazards and understand applicable legal requirements and other requirements as workers return to work;



e) regularly monitoring rehabilitation and return to work programmes to establish if there are new or previously unidentified risks;



f) consulting with other relevant interested parties, including occupational health professionals, in managing the return to work process regarding progress and necessary changes to the return to work programme.

