

## Cleaner (hospitality) : Return to Work Checklist and Plan

Please complete with your patient

Worker name: \_\_\_\_\_ Claim number: \_\_\_\_\_ Injury: \_\_\_\_\_

Worker will be able to participate in the duties as below from: / / to / /

Full time  Part time  \_\_\_\_\_ hours per day \_\_\_\_\_ days/week

N.B. Based on your information, a suitable duties plan will be established at the worker's place of employment. In the absence of task availability at their usual workplace the worker will continue to be paid weekly compensation and WorkCover will source suitable alternative workplace rehabilitation with a host employer.

Please consider the "health benefits of good work" and focus on what your patient can do.

Tick if suitable	Job Tasks	Limitations/Comments
	Cleaning of rooms – load trolley with all necessary cleaning requirements, stripping and making bed, wash all kitchen items, clean kitchen bench tops, microwave, oven, sinks, bathroom, bath tub, shower, balcony, outside table, vacuuming and mopping, removal of rubbish, removal of used amenities, refilling and cleaning of condiments/mini bar	
	Cleaning of public areas – hosing of public areas, cleaning of outside tables, cleaning of rubbish bins, removal of rubbish, picking up of rubbish, cleaning of facilities (barbeque area), adjusting outside furniture, picking up of lost property	
	Linen – load trolley with all appropriate linen, removal of dirty linen from rooms and public areas into linen bag, carry linen bag to trolley and or to linen chute or linen area, emptying of linen, folding of linen, placement of linen, replacement of linen	
	Condiment and amenities replacement - cleaning of condiments and refilling, removal of used amenities and replacement	
Tick if suitable	Alternate duties	Limitations/Comments
	Cleaning of rooms – (Upper limb/back injury) <ul style="list-style-type: none"> <li>• Standing/one arm or restricted arm capacity: re stock mini bar, re fill condiments and amenities, check all appliances and electronics are functioning report any faults, assist other members with loading of trolley</li> <li>• Standing and one armed or restricted one arm capacity: polishing/cleaning or light dusting and wiping of surfaces with uninjured arm (work with a buddy)</li> <li>• Conduct symptom management breaks as necessary: break in between each room if standing restriction required and to do recommended stretches and exercises</li> </ul>	

Worker name: \_\_\_\_\_ Claim number: \_\_\_\_\_ Injury: \_\_\_\_\_

Tick if suitable	Alternate duties	Limitations/Comments
	Linen – (Upper limb/back injury) <ul style="list-style-type: none"> <li>• Sitting /one arm or restricted arm capacity: Folding of linen for room preparation</li> <li>• Standing/one arm or restricted arm capacity: Load/prepare trolley for cleaning with unjured arm</li> <li>• Conduct symptom management breaks as necessary: break periodically to do recommended stretches and exercises</li> </ul>	
	Administrative – (Lower limb/back/lower limb injury) <ul style="list-style-type: none"> <li>• Sitting/standing/one arm or restricted arm capacity: Update first aid listings and first aid boxes, ensure training records are up to date, contact details in event of emergencies are up to date, maintenance of equipment records</li> <li>• Conduct symptom management breaks as necessary: break periodically to do recommended stretches and exercises</li> </ul>	
	Auditing of rooms (Upper limb/back injury) <ul style="list-style-type: none"> <li>• Standing/one arm or restricted arm capacity: Check switches, lamp shades, light bulbs for damage and if working, make sure all coverings on switches, test TV remotes and replace batteries, check dial tone on phones, ensure all stations on TV tuned, check the phone numbers for contact in hotel are correct, report any faults, check condition of rooms are appropriate</li> <li>• Conduct symptom management breaks as necessary: break in between each room if standing restriction required and to do recommended stretches and exercises</li> </ul>	

If none of the above tasks or alternate duties are appropriate at this time, please advise a review date or timeframe to some form of return to work \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please tick here if you have been unable to identify any tasks and you would prefer an allied health provider to help implement a return to work plan.

Other comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES**

Treating Medical Practitioner: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Worker: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Employer: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Submission and payment for this form (WorkCover Queensland claims only)**

If this form is requested as part of a workers' compensation claim, please forward this completed form via our online services, or alternatively by faxing to 1300 651 387. You can charge for a "completed form" under the relevant table of costs, found on our website [worksafe.qld.gov.au](http://worksafe.qld.gov.au). This form will become part of a claim file and may therefore be read by claims staff, WorkCover Queensland's network of advisory doctors, specialists at the Medical Assessment Tribunal or during legal proceedings.

In addition, the form that you provide may be released to another person (usually the worker or employer) under the Right to Information Act (2009), the workers' compensation legislation or as authorised or required by law.