



PARSE

NYS Coalition to Prevent Addiction and  
Support Recovery in Employment



# Recovery Ready Workplace (RRW) Checklist

This is a checklist that may be used to help organizations that are in the process of establishing a Recovery Ready Workplace program to track their progress. New York State does not have a recovery ready workplace certification program at this time. Therefore, this checklist can be used as a self-assessment tool or it may be used to organizations that are providing support, training, and other services to employers, labor unions, and agencies that are developing RRW programs.

- 1. Have you submitted a [Letter of Interest](#) to learn more about the RRW Initiative?**  
 Complete    In Process    Not Started    Not Applicable
- 2. Have you developed a process and action plan to become a RRW? This includes a committee or taskforce with key leaders and outlines steps to be taken, timelines, and responsibility for completion.**  
 Complete    In Process    Not Started    Not Applicable
- 3. Have the following received training or orientation on becoming a RRW by a representative of the NYS Coalition to Prevent Addiction and Support Recovery in Employment (PARSE) or other qualified party? Senior Management, Human Resources, Labor Union Representatives, Other as needed**  
 Complete    In Process    Not Started    Not Applicable
- 4. Have you distributed a declaration to employees stating your workplace's commitment to RRW principles and its participation in this initiative?**

*SAMPLE: "ABC Company is committed to creating a healthy, safe, and stigma-free work environment through our development of a Recovery Ready Workplace (RRW) program. RRW's encourage environments where employers, employees, and communities can collaborate to create positive change and eliminate barriers for those impacted by addiction, mental health, and injury. In order to achieve a high level of employee health, safety, and productivity, we invite and encourage all employees to reach out for help and support."*

Complete    In Process    Not Started    Not Applicable

## Additional Steps

1. **Have you provided employees with information and resources to promote occupational safety and health and wellbeing, and recovery for themselves and their families?**  
 Complete    In Process    Not Started    Not Applicable
2. **Have you updated the organization's drug and alcohol policies to reflect the RRW program changes?**  
 Complete    In Process    Not Started    Not Applicable
3. **Have supervisors received education on alcohol and drug policies upon hiring and on an annual basis thereafter?**  
 Complete    In Process    Not Started    Not Applicable
4. **Have union officials received education on alcohol and drug policies upon hiring and on an annual basis thereafter?**  
 Complete    In Process    Not Started    Not Applicable
5. **Have you provided employers and supervisors with annual training and education on substance misuse, behavioral health, and addiction?**  
 Complete    In Process    Not Started    Not Applicable
6. **Have you established connections with local recovery support organizations as a resource for employees?**  
 Complete    In Process    Not Started    Not Applicable
7. **Have you assessed and addressed workplace hazards and job stress risk factors that may contribute to misuse of substances? For example, job tasks that cause back injuries from lifting, pushing, pulling, twisting, excessive loads, and awkward postures often lead to prescription opioid use.**  
 Complete    In Process    Not Started    Not Applicable
8. **Have you reviewed and modified as needed employee health benefit plans regarding access to addiction and mental health treatment?**  
 Complete    In Process    Not Started    Not Applicable
9. **Have you reviewed and updated return to work, job accommodations, job recruitment, and access to recovery resource policies?**  
 Complete    In Process    Not Started    Not Applicable
10. **Have you considered organizational systems for family support including the utilization of EAP and the potential development of peer support programs.**  
 Complete    In Process    Not Started    Not Applicable
11. **Is Naloxone available at your workplace?**  
 Complete    In Process    Not Started    Not Applicable

## Signature

I submit that my responses to these action steps are true to the best of my knowledge.

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Name (Printed)

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Signature

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Date

Please use this checklist for your internal program review, submit it to your PARSE representative or other qualified support personnel.