



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oifig an Stiúrthóra Náisiúnta, Acmhainní Daonna
Feidhmeannacht na Seirbhíse Sláinte
Ospidéal Dr. Steevens'
Baile Átha Cliath 8

Office of the National Director of Human Resources
Health Service Executive
Dr. Steevens' Hospital
Dublin 8

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To: Each Member of the Leadership Team
Each Assistant National Director HR
Each Hospital Group CEO
Each Hospital Group Director of HR
Each CHO Head of HR
Each Chief Officer CHO
Each CEO Section 38 Agencies
Each HR Manager Section 38 Agencies

From: Rosarii Mannion, National Director Human Resources

Date: 16th November, 2017

Subject: HR Circular 0013a/2017 replacing HR Circular 013/2017 re Injury at Work Allowance

Dear Colleagues,

I refer to the Department of Environment and Local Government Circular S.7/2001 Circular (copy attached) which sets out the provisions and formula governing the granting of the injury allowance. This formula provides that the calculation of the injury allowance should be adjusted in accordance with the employee's 'degree of impairment rating' (examples set out in **Appendix 1** of the Circular).

Following recent discussions between the HSE and health service unions under the auspices of the Workplace Relations Commission, I wish to advise that the following arrangements for the calculation of the injury allowance will apply with effect from **16 March 2017**:

The 'degree of impairment' rating in the formula for calculating the injury allowance (as set out in the 2001 Circular) will only apply to employees who, following a medical assessment by Occupational Health, are deemed to be permanently incapacitated as a result of the injury and a suitable alternative position is not available within the organisation to enable the person to continue in employment. In the case of employees who are deemed to be **temporarily incapacitated**, the calculation formula for the injury allowance will not provide for a degree of impairment rating and the full 5/6th allowance (subject to appropriate deductions) will be payable from the date of injury (subject to the employee meeting the eligibility criteria).

Employees who are eligible for the injury allowance should be notified at the outset that the period during which the injury allowance is paid will not be reckonable for superannuation purposes. An employee who

wishes to preserve their superannuation entitlements and requests payment under the normal sick pay scheme rather than the injury allowance should be facilitated in this regard. It should be noted that employees are not required to avail of their normal sick pay entitlements prior to invoking the injury allowance and the period during which the injury allowance is paid is not counted as part of the overall limits under the 2014 Public Service Sick Pay Scheme (which is a separate scheme).

The **Health Services People Strategy 2015-2018 (Priority 2: Staff Engagement)** contains provisions to promote Staff Health and Wellbeing and a positive Staff Working Environment. In line with the People Strategy, the HSE's Workplace Health and Wellbeing Unit are currently developing an Active Case Management Model to promote employee rehabilitation and facilitate employees to return to work following a workplace injury and further information will be issued on this.

In accordance with the Employment Equality Acts 1998 to 2015, managers are required to support the workplace rehabilitation of employees who are absent due to an injury/assault and seek advice from the Occupational Health Services on appropriate measures to facilitate the employee's early and safe return to work. The employee's absence should be proactively managed in accordance with the HSE Managing Attendance Policy and HSE Rehabilitation Policy (copies attached) or equivalent policies which operate in the Section 38 agencies.

The **HSE Long Term Absence Benefits Schemes Guidelines 2012**, which were agreed with the health service unions, contains the procedure for managing the implementation of the injury allowance scheme (see Section 5: pages 9 -11). Please note that the references within this national procedure to the application of the degree of impairment assessment rating should only be applied to the calculation of the injury allowance in respect of employees who are deemed to be permanently incapacitated and whose employment will cease as a result. Apart from this amendment, employees who are deemed to be temporarily incapacitated should continue to be managed in accordance with the procedure set out in the 2012 HSE Guidelines (or equivalent procedure for Section 38 agencies) which provides the granting of the injury allowance is subject to the following:

- Employees should be informed that the granting of the injury allowance is discretionary and subject to compliance with the HSE Managing Attendance Policy and HSE Rehabilitation Policy (or equivalent policy within the organisation).
- The employee should be informed of the requirement to undergo regular assessments with the Occupational Health Department.
- The Occupational Health services should be fully utilised to support the employee and assist managers to identify if reasonable accommodation can be provided to enable the employee to return to work as quickly and safely as possible.
- The manager should continue to monitor the employee's absence on a monthly basis during the period while they are in receipt of the injury allowance in conjunction with the HR/Employee Relations Department.
- If the employee no longer meets the criteria of the scheme then the employee should be notified by HR in advance and the allowance should cease to be paid.

Employees who are members of the Single Scheme 2012

Health service employees who are members of the Single Scheme 2012 do not currently have access to the injury allowance provisions. Arrangements are being made to implement an injury at work scheme for SPSPS employees in the health sector which will provide for equivalent benefits. In the meantime, where a SPSPS employee is injured at work and management has confirmed that the employee satisfies the eligibility criteria for payment of the injury allowance as set out in the pre-existing pension schemes, his or her case may be examined on an individual basis. In the event of such cases arising prior to the introduction of the new injury at work scheme for SPSPS health service employees, please contact Anna Killilea, HSE Corporate Employee Relations (anna.killilea@hse.ie) for further information.

Please ensure that this Circular is brought to the attention of all relevant managers in your area of responsibility.

Queries

Queries from individual employees must be addressed by local management or the relevant HR / Employee Relations Department.

Queries from HR Departments on the contents of this Circular may be referred to Anna Killilea, HSE Corporate Employee Relations, HR Directorate, 63-64 Adelaide Road, Dublin 2. Tel: 01 6626966, Email: anna.killilea@hse.ie.

Yours sincerely,



Rosarii Mannion
National Director of Human Resources



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Each HR Manager Section 38 Agencies

From: Rosarii Mannion, National Director Human Resources

Date: 16th November, 2017

Subject: HR Circular 013/2017 and HR Circular 013a/2017 Injury at Work Allowance

Dear Colleagues,

I refer to HR Circular 013/2017 Injury at Work Allowance which issued in June 2017, and which is being replaced by HSE HR Circular 013a/2017 (see attached).

The amendment and subsequent replacement arises due to the removal of the statement that SPSPS health service employees must have completed a two year vesting period as part of the eligibility conditions for access to the injury allowance. This statement was included in error and a clarification was issued (see attached memorandum 3 August 2017). All other provisions within Circular 013/2017 remain unchanged and are contained with HR Circular 013a/2017.

Yours sincerely,

Rosarii Mannion
National Director of Human Resources

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Our Ref:- S.226/13/28

Circular Letter:- S.7/2001

12 April 2001

TOP SECRET

**General Scheme of Injury Grants under Articles 49 and 109 of the
Local Government (Superannuation) (Consolidation) Scheme, 1998**

A Chara

1. Introduction

- 1.1 Circular letter S.9/97, dated 16 July 1997, devolved responsibility to health boards and hospitals for the making of injury grants under the special scheme for nurses absent from work as a result of serious physical assault in the course of their duty.
- 1.2 It has now been decided to devolve responsibility for **all injury grants** (i.e. the general scheme in addition to the special scheme) for health board and hospital staff to health boards and hospitals in accordance with the terms of this circular letter.

2. Grant and Calculation of Injury Allowance

An injury grant **should be granted** where the health board/hospital is satisfied that the conditions set out in article 49 or 109 of the Local Government (Superannuation) (Consolidation) Scheme, 1998 are met. Where a health board/hospital decide to grant an injury allowance, the following procedures should be followed:

- the gross amount should be determined as five-sixths of the remuneration (inclusive of emoluments) of the position in which the person received the injury;
- any other allowance (e.g. pension) payable by the health board/hospital to or

in respect of the person falls to be deducted from the gross amount [see articles 49(2)(a) and 109(2)(a)];

- if the claimant is retiring or has died, the annualised value of the lump sum or death gratuity (divided by 52 for employees) is deducted from the gross amount also [see articles 49(2)(b) and 109(2)(b)]; the lump sum/death gratuity is annualised by establishing the difference between a pension calculated on the basis of 60ths and 80ths, i.e. by dividing the lump sum/death gratuity by 9;
- any relevant benefits or pensions payable under the Social Welfare Acts to or in respect of the person fall to be deducted from the gross amount [see articles 49(2)(c) and (d) and 109(2)(c) and (d)];
- court awards or out of court settlements arising from any action taken by an officer or employee against the health board/hospital on foot of the injury will not affect either the grant of an injury allowance or the amount of the allowance granted;
- in the event of legal action the court and/or all relevant parties should be informed of the amount of the injury grant in payment or to be paid so that this can be factored in to the amount of any award or settlement subsequently made;
- the injury allowance is payable with effect from the date the injury occurred;
- the injury allowance is calculated in accordance with the formula $A \times B$,
where -
A is the net sum arrived at after the necessary deductions have been made as outlined above and
B is the person's degree of impairment (see paragraph 3 below);
- the injury allowance should be revised to take account of increases in the remuneration of the person's post/former post and, if applicable, any relevant social welfare benefits or pensions payable to or in respect of him/her;
- the injury allowance should also be revised in the light of any change in the person's degree of impairment or any additional sums due to the person (e.g. a retirement lump sum and pension if the person retires or resigns after the date the injury allowance commences); where the conditions set out in article 49 or 109 of the Local Government (Superannuation) (Consolidation) Scheme, 1998 are no longer met, the allowance should cease to be paid.

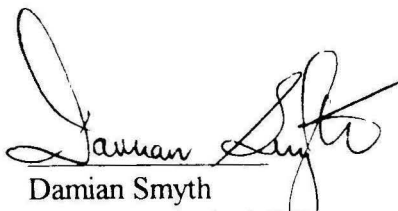
3. Degree of Impairment

In sanctioning cases under the general scheme to date and in the absence of any access to a Chief Medical Officer, this Department has had regard to a person's degree of disability as assessed by the Department of Social, Community and Family Affairs for the purposes of the payment of disablement benefit. In the context of the devolution of responsibility for injury grants under the general scheme to health boards/hospitals, each health board/hospital should arrange its own independent medical assessment of the person's degree of impairment, **i.e. the degree (expressed in percentage terms) to which the person's capacity to contribute to his/her own support is impaired**. The assessment of a person's degree of impairment should be made as soon as possible following the injury.

4. General

- 4.1 It must be stressed that while any pension and lump sum payable to the person are taken account of in determining the amount of the allowance, they are payable in full together with the injury allowance.
- 4.2 Examples of the calculation of an injury allowance under the general scheme are set out in the Appendix to this circular letter.
- 4.3 Any enquiries in relation to this circular letter should be addressed to the Superannuation Section of the Department, Government Offices, Ballina, Co Mayo – telephone (096) 24406, 24408, 24409, 24410.

Mise le meas,



Damian Smyth
Assistant Principal Officer
Superannuation Section

To each Health Board and Hospital to which the Local Government Superannuation Code applies.

APPENDIX

CALCULATION OF INJURY ALLOWANCE UNDER ARTICLE 49/109 OF THE LOCAL GOVERNMENT (SUPERANNUATION) (CONSOLIDATION) SCHEME, 1998

Example I

A Revision Scheme officer is injured in the course of his/her duties and has to retire as a result. All the relevant conditions for the payment of an injury allowance are met. He/she has 25 years service inclusive of ill-health added years.

Pensionable Remuneration	=	£18,000
(I) 5/6 of P.R.	=	£15,000
(II) Annual Pension (£18,000 x 25/80)	=	£ 5,625
(III) Lump Sum (=£16,875, i.e. £18,000 x 25 x 3/80) Annualised value = £16,875/9	=	£ 1,875
(IV) Social Welfare Disablement Benefit £ 50 p.w. (£50 x 52.18)	=	£ 2,609
(V) I - (II + III + IV)	=	£ 4,891
(VI) Degree of Impairment	=	60%
(VII) Net injury allowance (60% of £4,891)	=	£2,934.60

In this case the officer is paid a pension of £5,625 a lump sum of £16,875 and an injury allowance of £2,934.60.

Example II

The officer in Example I is subsequently assessed as 70% impaired/disabled. At that point, the pensionable remuneration applicable to the person's former office is £21,000. The injury allowance falls to be adjusted as follows:

Pensionable Remuneration	=	£21,000
(I) 5/6 of P.R.	=	£17,500
(II) Annual Pension (£21,000 x 25/80)	=	£ 6,562.50
(III) Lump Sum (=£16,875, i.e. £18,000 x 25 x 3/80) Annualised value = £16,875/9	=	£ 1,875 (original value applies)
(IV) Social Welfare Disablement Benefit £ 65 p.w. (£65 x 52.18)	=	£ 3,391.70
(V) I - (II + III + IV)	=	£ 5,670.80
(VI) Degree of Impairment	=	70%
(VII) Net injury allowance (70% of £5,670.80)	=	£3,969.56

Example III

A Revision Scheme employee is fatally injured in the course of his/her duties. All the relevant conditions for the payment of an injury allowance are met. He/she has 10 years' service and when potential service to age 65 is taken into account, 40 years' service is reckonable for spouses' and children's pension benefits. The employee leaves a spouse and 3 children under the age of 16.

Pensionable Remuneration (weekly)	=	£420
(I) 5/6 of P.R.	=	£350
(II) Spouse's Pension $[1/2 \times (\pounds420 - 212\{2 \times \text{OAP}\}) \times 40/80]$	=	£ 52
(III) Children's Pension $[3/6 \times (\pounds420 - 212\{2 \times \text{OAP}\}) \times 40/80]$	=	£ 52
(IV) Gross Death Gratuity = £21,840 Annualised value = $\pounds21,840/9 = \pounds2,426.67$ Weekly value = $\pounds2,426.67/52$	=	£ 46.67
(V) Social Welfare Widow's Pension p.w.	=	£ 140.10
(VI) I - (II + III + IV + V)	=	£ 59.23

In this case the employee's spouse is paid an injury allowance of £59.23 per week by the local authority in addition to the death gratuity and spouse's and children's pension benefits.



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

**Rehabilitation of employees back to work after
illness or injury
Policy and Procedure**

Document reference number	HSAG 2011/3	Document developed by	National Health & Safety Advisers' Group
Revision number	4.13	Document approved by	HR Operational Performance Group
Approval date	22 August 2011	Responsibility for implementation	Area HR Directors AND HR Services
Revision date	22 August 2013	Responsibility for review and audit	Area HR Directors AND HR Services

Signature Sheet

I have read, understood and agree to adhere to the attached Policy and Procedure:

Print Name	Signature	Area of Work	Date

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1.0 Policy

1.1 The Health Service Executive (HSE) is committed to the provision of workplace rehabilitation that supports and enables injured or sick employees to remain at or return to the workplace to continue the discharge of work duties. This process benefits both the employee and the employer.

1.2 The HSE is committed to:

- Providing a safe and healthy work environment and, in the event of an injury or an illness, making sure workplace rehabilitation is started as soon as possible in accordance with medical advice
- Trying to facilitate a safe and early return to work of injured or ill employees by identifying duties that are appropriate to the grade and function where possible. These duties will be medically approved and time limited
- Respecting the confidential nature of medical information and ensuring there will be both verbal and written confidentiality
- Ensuring all employees are aware that, in the event of injury or illness, they will be consulted to develop their Rehabilitation Plan or a structured safe return to work that will not disadvantage them

2.0 Purpose

2.1 The purpose of this policy is to:

- Describe the commitment the HSE provides to all sick/injured employees
- Provide guidelines to managers, employees, occupational health departments, rehabilitation professionals, HR departments and employee assistance services on conducting workplace rehabilitation that assists employees affected by both work and non-work related injuries/illnesses to recover and perform duties for which they are employed
- Support an early and safe return for the employee who has an illness/injury

3.0 Scope

3.1 This policy applies to all employees of the Health Service Executive.

4.0 Glossary of Terms and Definitions

Item	Definition/Abbreviation
Rehabilitation	The process of restoration of skills by a person who has had an illness or injury so as to regain maximum self-sufficiency and function in a normal or as near normal manner as possible. This process is restorative, supportive and preventive and is dependent on the integration of all elements required e.g. medical, physical/functional, occupational / vocational, psychological etc.
Workplace	The workplace includes, but is not limited to, the physical work site, restrooms, cafeterias, training sessions, business travel, conferences, work related social gatherings, etc.
Workplace Rehabilitation	A managed process involving early intervention with appropriate, adequate and timely services based on assessed needs and which is aimed at maintaining injured or ill employees in, or returning them to, suitable employment.
Rehabilitation Professionals	Healthcare Professionals with qualifications validated by the state's designated authority and/or registration council, and with the skills and competencies required to provide an appropriate intervention for the issues that may be inhibiting a return to work. These professionals may be within or outside of the HSE.
Suitable alternative duties	Matching pre-injury/illness duties to recovery abilities on a temporary basis.
Work related injuries	Injuries sustained directly related to the employee's occupation at work or the workplace.
Non-Work related injuries / illnesses	Injuries/illnesses that are determined by a medical practitioner as not significantly caused by the employee's occupation at work or the workplace.
Reasonable accommodation	An employer is obliged to take appropriate measures to enable a person who has a disability to have access to employment, to participate or advance in employment and to undertake training. 'Appropriate measures' are effective and practical measures to adapt the place of work, including adaptations to premises and equipment, patterns of working time, distribution of tasks or the provision of training or integration resources. The employer is not obliged to provide any treatment or facility that the person might ordinarily or reasonably provide for him or herself.
Stakeholders	Individuals, organisations or groups that have an interest or share, legal or otherwise, in services. Stakeholders may include referral sources, service professionals, employers, insurance companies or payors (HIQA 2006).

5.0 Roles and Responsibilities

5.1 Employer Responsibilities

The HSE recognises workplace rehabilitation as a positive strategy for retaining the job skills of employees who are injured or ill.

The HSE is responsible for:

- 5.1.1 Preventing injury and illness by providing a safe and healthy working environment.
- 5.1.2 Ensuring that rehabilitation is the normal practice and an expectation in the workplace.
- 5.1.3 Ensuring that rehabilitation commences as soon as possible following an injury or illness and in accordance with medical advice.
- 5.1.4 Aiming through a Rehabilitation Plan to return the employee to his / her normal duties.
- 5.1.5 Providing suitable duties where practicable, with the aim to return the employee to normal duties.
- 5.1.6 Consulting with employees and, where appropriate, treating medical practitioners to ensure that the workplace rehabilitation procedures operate effectively and safely.
- 5.1.7 Establishing a team based consultative approach for workplace rehabilitation with employees, managers and supervisors in the development, implementation and evaluation of programmes.
- 5.1.8 Ensuring employees are not disadvantaged by participating in workplace rehabilitation programmes.
- 5.1.9 Respecting the rights and the confidentiality of employees.

5.2 Line Manager Responsibilities

Line Managers are responsible for:

- 5.2.1 Accepting rehabilitation practices as part of management functions within the HSE.
- 5.2.2 Educating all employees about the this Policy and Procedures and what to expect when an injury/illness occurs.
- 5.2.3 In the case of work-related injuries, ensure that the injury is reported in line with the HSE incident reporting procedure, that there is an investigation as to the cause and that appropriate controls are put in place to prevent a recurrence.
- 5.2.4 Ensuring workplace rehabilitation is part of the new employee induction process.

- 5.2.5 To be aware of circumstances where an injured or ill employee may need rehabilitation and ensure timely referral to the Occupational Health Department and/or the Employee Assistance Programme.
- 5.2.6 Liaising closely with the Occupational Health Department and/or the Employee Assistance Programme throughout the rehabilitation process as appropriate, while respecting and maintaining the confidentiality of those processes.
- 5.2.7 Ensuring rehabilitation in the workplace begins as soon as is practicable so that the employee's maximum physical, psychological and social potential can be restored.
- 5.2.8 Advising fellow employees of the injured or ill employee's capabilities and negotiate workplace adjustments in advance of their return to work where appropriate and with the necessary consent of the returning employee.
- 5.2.9 Conducting a return-to-work meeting in accordance with the Managing Attendance Policy and Procedure.
- 5.2.10 Seeking additional internal support and advice as appropriate.
- 5.2.11 Ensuring that duties assigned to an employee for a suitable duties programme are meaningful and have regard to the objective of the employee's Rehabilitation Plan.
- 5.2.12 Monitoring the employee's progress in relation to suitable duties.
- 5.2.13 Maintaining accurate records of hours worked by the employee to provide to the Occupational Health Department.
- 5.2.14 Maintaining confidentiality of information received including appropriate storage and handling.

5.3 Employee Responsibilities

- 5.3.1 Be responsible for preventing work-related injury and illness in line with the requirements of the Health Safety and Welfare at Work Act 2005 by adhering to health and safety protocols appropriate to their scope of work, designed to promote safe working and to avoid injury to oneself and others.
- 5.3.2 In the event of a work-related injury or work risk incident, appropriate medical treatment must be sought e.g. first aid station, GP or Emergency Department.
- 5.3.3 Actively participate in any return-to-work programme in order to resume their normal duties as soon as practicable after illness or injury in accordance with medical advice.
- 5.3.4 Where possible, keep in regular contact with the line manager with particular emphasis on informing of any deterioration in condition or unexpected issues arising.
- 5.3.5 Report any injury occurring at work as soon as possible to the line manager.
- 5.3.6 Advise their treating Medical Practitioner of the availability of a rehabilitation/return-to-work programme and ask them to complete the Functional Capacity Form.

5.4 Fellow Employee Responsibilities

- 5.4.1 Fellow employees will be encouraged to support injured/ill employees and will be informed about their co-worker's rehabilitation on a 'need to know' basis and with the employee's consent.
- 5.4.2 Fellow employees within the workplace are encouraged to be actively involved in a positive manner wherever possible to support the rehabilitation process.

5.5 Occupational Health Department Responsibilities

- 5.5.1 Assist the injured/ill employee to remain at work or return to work, consistent with medical advice.
- 5.5.2 With the employee's consent, obtain accurate information about the medical condition and limitations that apply to the particular employee.
- 5.5.3 Obtain written consent from the employee to communicate with relevant health care professionals involved in their care.
- 5.5.4 Obtain as much information as possible about the employee's role and component tasks of their job. Also ascertain what is required of them to get to and from their work place and how they access facilities in their workplace, toilets, canteen etc.
- 5.5.5 Assess the individual employee and liaise with their line manager in planning the Rehabilitation/Return-to-Work Programme.
- 5.5.6 Liaise initially with the treating Medical Practitioner, explaining the Rehabilitation Plan and seeking his/her approval (with the employee's consent)(Appendix I)
- 5.5.7 Obtain the support of the treating Medical Practitioner in completing the Functional Capacity Form (Appendices II and III)
- 5.5.8 Assess the injured/ill employee at appropriate intervals to ensure that the employee receives optimal care such as special investigations/specialist opinion.
- 5.5.9 Ensure that employees who are in need of rehabilitation services are referred to appropriate rehabilitation professionals e.g. physiotherapy, occupational therapy, psychological supports working collaboratively with all stakeholders and counselling services.
- 5.5.10 Develop a Return-to-Work Plan in collaboration with the employee, line manager and other Rehabilitation Professionals (Appendix IV)
- 5.5.11 Review employees who return to work with accommodations/restrictions to assess progress and fitness to return to normal duties. Ongoing restrictions/absences will be reviewed on a three monthly basis or sooner if required.

5.6 Rehabilitation Professionals Responsibilities

It is the responsibility of the Rehabilitation Professionals, with the employees consent:

- 5.6.1 To provide timely interventions, based on assessed needs and in line with best practice.
- 5.6.2 To engage in two-way communication with the source of referral and/or the Occupational Health Department on an ongoing basis in relation to strategies required and/or recommendations for returning to work.
- 5.6.3 To provide reports as indicated or requested in relation to the employee's rehabilitation progress.
- 5.6.4 To participate in case conferences as required.
- 5.6.5 When applicable and appropriate, to assess aspects of the workplace in respect of contributing factors to the employee's condition and advise accordingly.

5.7 Employee Assistance Service Responsibilities

- 5.7.1 Provide a professional and confidential support and counselling service to HSE employees who are affected by personal or work-related issues.
- 5.7.2 Provide consultancy and support for managers regarding staff and organisational issues.
- 5.7.3 Deliver a high quality Employee Assistance Service which is integral to the organisation's Health, Safety and Welfare practice.
- 5.7.4 Identify and raise awareness of themes and trends that reflect the particular needs of the workforce and the organisation.
- 5.7.5 Provide advice and input with regard to the development of a range of preventative, educational and training programmes.
- 5.7.6 Refer employees to other departments for advice and support e.g. HR, Occupational Health, external supports, etc.

5.8 HR Responsibilities

- 5.8.1 To communicate this Policy and what to expect when an illness or injury occurs to all employees.
- 5.8.2 Support and advise line managers on their roles and responsibilities in relation to the policy.
- 5.8.3 Work with line managers, Occupational Health Department, Employee Assistance Service, and staff support, (where appropriate) in devising Rehabilitation Plans.
- 5.8.4 Advise employees of Sick Leave Schemes and/or associated schemes.
- 5.8.5 Promote the Managing Attendance Policy and Procedure.
- 5.8.6 Advise employees of employee support services.

6.0 Procedure for Workplace Rehabilitation for Employees

- 6.1 All injuries and illness must be reported to the immediate line manager.
- 6.2 If needed, immediate first aid or medical attention must be provided e.g. first aider, GP or the Emergency Department.
- 6.3 The line manager should inform the Occupational Health Department regarding the employee's illness/injury, if appropriate, in accordance with the Managing Attendance Policy and Procedure..
- 6.4 An Occupational Health Department appointment will be made to interview the employee if required.
- 6.5 Where further information is required the Occupational Health Department will liaise with the employee's medical adviser (with appropriate consent). The employee's medical adviser may be requested to fill in the Functional Capacity Form.
- 6.6 Referral will be made to the relevant rehabilitation professionals, e.g. physiotherapy, occupational therapy, psychological and counselling services, consultants, etc. as indicated.
- 6.7 In consultation with the relevant stakeholders a rehabilitation and Return-to Work Plan with agreed time frames will be developed.
This plan will include:
 - The goals of the plan
 - List of duties and restrictions
 - Hours to be worked
 - Details of training required
 - Anticipated time frame of plan
 - Details of pay during the period
 - Reviewed formally every three months (or sooner if required) (Appendix IV)
- 6.8 The Occupational Health Department will maintain good communications between all parties involved, including providing feedback on the Rehabilitation Plan while maintaining confidential and up-to-date records of the progress of the plan.
- 6.9 Where it is identified that a staff member is not progressing and achieving goals as agreed in the Rehabilitation Plan, the Occupational Health professional, (in collaboration with the employee, the line manager/supervisor, relevant rehabilitation professionals and treating Medical Practitioner), will identify areas of concern, seek appropriate additional advice as indicated and amend the plan accordingly.

6.10 **Conclusion of Workplace Rehabilitation**

Workplace rehabilitation will conclude when the employee resumes **all** the prescribed duties for the role to which they were appointed **or** meets the following criteria:

- Is considered to gain minimal or no benefit from continued workplace rehabilitation
- Fails to engage in rehabilitation processes
- Fails to comply with recommendations of the rehabilitation team
- Withdraws from the programme

6.11 In the event that the employee is unable to return to work in their former position, a number of alternative administrative arrangements will be discussed with the ill/injured employee. They may include, but are not limited to, retraining, redeployment, accessing superannuation temporary incapacity benefits or retirement on ill health grounds.

6.12 Where there is disagreement over the proposed plan offered, discussions will take place with the Occupational Health professional, rehabilitation professionals, the Employee Assistance Service, the line manager and the employee (and employee's trade union representative if required by the employee) to seek a resolution.

6.13 Disagreement regarding medical treatment can be referred to an independent Occupational Health Consultant.

7.0 Implementation Plan

There will be a need for training on this policy for line managers.

8.0 Evaluation and Audit

A Workplace Rehabilitation Evaluation Form will be sent to each employee who was involved in a rehabilitation plan (Appendix E).

9.0 References

Health Service Executive – Managing Attendance Policy and Procedures January 2009 - www.hse.ie

Grievance Procedure for the health service– www.hse.ie

The Health Safety and Welfare Act 2005 - www.hsa.ie

Employment Equality Acts 1998/2004 – www.equality.ie

National Disability Authority - www.nda.ie

Employment of People with Disabilities, Disabilities Programmes, and Employment Fairness - www.workway.ie

Work Arrangements (varied options on work arrangements) - www.worklifebalance.ie

Employee Assistance Service PPG's

Return to Work, Workers Compensation Board, Canada - www.wcb.mb.ca

Work Place Safety, Work Safety Insurance Board, Canada - www.wsib.on.ca

Good practice to rehabilitating people at work - www.iosh.co.uk

10.0 Appendices

Appendix I Employee Authorisation Form

Appendix II Letter to the treating Medical Practitioner

Appendix II Functional Capacity Assessment

Appendix IV Return-to-Work Plan

Appendix V Staff member Workplace Rehabilitation Evaluation Form

Appendix VI Overview of Workplace Rehabilitation Chart

APPENDIX I

EMPLOYEE AUTHORISATION

I _____, an employee of HSE, hereby give consent to my treating Medical Practitioner:

Name: _____

Address: _____

Phone: _____

to discuss with my employer's Occupational Health Department _____
specific injury or illness information to assist with the development of a Rehabilitation and
Return to Work Plan.

Employee Signature

Date

Witness Signature

Date

APPENDIX II

LETTER TO THE TREATING MEDICAL PRACTITIONER

Date:

Dear

(Employee name) is employed by the HSE as a (position title). Our Workplace Rehabilitation Policy encourages the early return of our staff to full employment as soon as practicable following an injury or illness. Where possible, staff are returned to their usual work or some suitable work within their capacity.

I would appreciate your help in formulating a Rehabilitation and Return to Work Plan to ensure that (employee name) can safely return to their usual work or is provided with appropriate suitable duties if necessary.

Any information you could provide on the attached Work Capabilities Form would be most useful in assisting us to provide meaningful and appropriate duties.

We look forward to your contribution to our rehabilitation team effort.

Yours sincerely,

Occupational Health Physician / Occupational Health Nurse

APPENDIX III

FUNCTIONAL CAPACITY FORM

Patient Name: _____

Patient Address: _____

Job Title: _____

Description of Proposed Task: _____

I _____ hereby authorise _____ my GP/
Consultant to furnish written information to the HSE, my employer, regarding my residual
functional capacity on my ability to perform the functions of my position and any equipment
or accommodation to enable me to perform these functions.

Employee Signature: _____ Date: _____

Date of Assessment: _____

Medical Condition:

☐ I advise that you are not fit for work:

☐ You may be fit for work taking account of the following advice:

If available, and with your employers agreement you may benefit from:

- ☐ a phased return to work
- ☐ amended duties
- ☐ altered hours
- ☐ workplace adaptations

Functional effect of the patient's conditions (limitations):

Planned Treatment:

- ☐ Referral to a Consultant
- ☐ Referral for physiotherapy
- ☐ Recommend a specialised Occupational Health Assessment

Doctor's Signature: _____

Doctor's Address: _____

Doctor's Stamp:

Information Notes to Assist in Completion of Functional Capacity Form

Factors determining Fitness for Work

- Nature and severity of problem
- Patient's attitudes and expectations
- Physical and mental demand of the job
- Potential for work to exacerbate illness
- Safety considerations

Assessing Fitness for Work

Questions that maybe helpful in identifying the need and scope for Job Modifications

- What is your job and what tasks does it involve?
- Are there aspects of your job that you would find difficult or impossible because of you health problem/
- If so, are there simple ways in which your job could be changed to overcome those difficulties?
- Is there another job that you would find easier, to which your employer might move you while you are recovering?

What type of Advice should I include on the Functional Capacity Form?

Examples of advice about a patient's function and possible Job Modifications

- "He should avoid lifting weights greater then 10 kg. Might it be possible for him to transfer temporarily to other work?"
- "She should avoid prolonged sitting without breaks. Review of her work station might be useful. She will need time off twice a week for physiotherapy."
- "She cannot drive her car. So that she can use public transport it would be helpful if she could start and finish work a little later then normal."
- "He should avoid kneeling and squatting."
- "She could manage work that does not involve handling customer complaints."

In some cases, the doctor may include recommendations for specialist Occupational Health assessment. This might be helpful, for example, in cases where the patient's job could have contributed to the patient's health problem.

Employers are not obliged to follow doctors' recommendations. The purpose of the advice you provide is to help your patient and the employer explore ways of facilitating a return to work. In some cases this may not be possible and your patient will be treated as if you had advised that they were not fit for work.

Reference:

Assessing Fitness for Work and Writing a Fit Note
Goggin and Palmer B.M.J. 26/November 2010

APPENDIX IV

RETURN-TO-WORK PLAN

Workers Name: _____ Position Title: _____

Date of Injury: _____ Work Location: _____

Nature of Injury: _____ Supervisor: _____

Date Plan Prepared: _____

Rehabilitation Goal (e.g. return to full pre-injury duties):

Rehabilitation Plan Effective from: _____ to _____

STAGE I

Duties to be performed:

Duties to be provided:

1. _____
2. _____
3. _____

Medical Restrictions:

1. _____
2. _____
3. _____

Other Considerations:

STAGE II

Duties to be performed:

Duties to be provided:

1. _____
2. _____

3. _____

Medical Restrictions:

1. _____

2. _____

3. _____

Other Considerations:

Monitored by: _____

Contact No: _____

Review Date: Occupational Health Advisor _____ will review
you on or before _____

Please ensure this appointment is kept.

This plan has been developed in consultation with the injured worker, his/her supervisor, his / her treating G.P. and other health care Professionals.

The following partners agree to the Return to Work Plan:

Injured Worker: _____ **Date:** _____

Supervisor: _____ **Date:** _____

Occupational Health Advisor: _____ **Date:** _____

Other Health Professional: _____ **Date:** _____

Other Health Professional: _____ **Date:** _____

Other Health Professional: _____ **Date:** _____

Please sign and return to the Occupational Health Department.

Occupational Health Advisor / Occupational Health Physician

APPENDIX V

STAFF MEMBER WORKPLACE REHABILITATION EVALUATION FORM

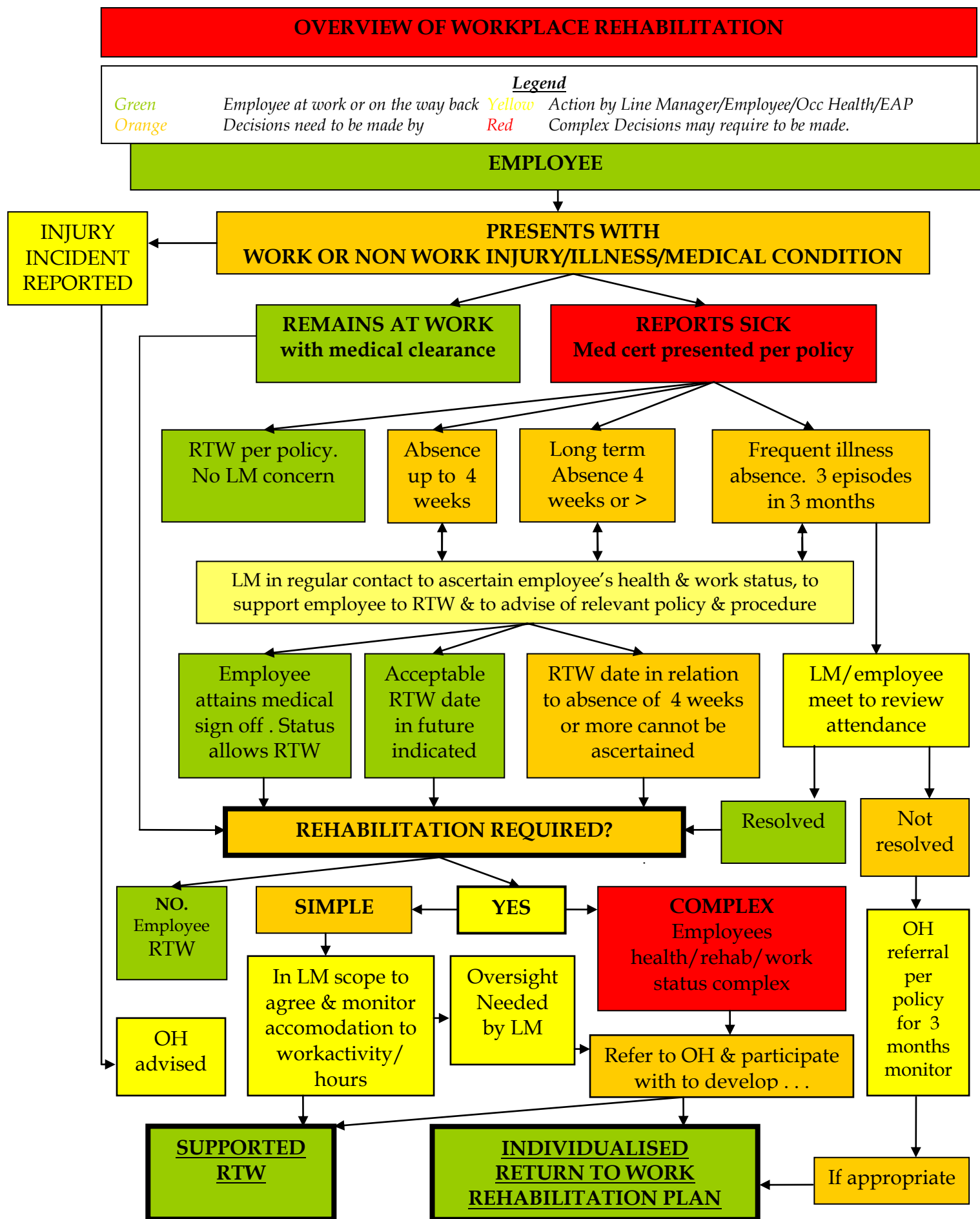
To ensure that our Workplace Rehabilitation Policy and Procedures continue to meet staff needs, can you please answer the following questions.

	Yes	Unsure	No
Was your Rehabilitation Plan what you expected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you satisfied with the amount of input you had in the development of your Rehabilitation plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there any duties that caused you discomfort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you find the hours you were asked to work comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were your work colleagues supportive of your workplace rehabilitation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was your supervisor supportive of your workplace rehabilitation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there enough contact between you and the Rehabilitation and Return-to-Work Co-ordinator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you given adequate training to prevent the same injury recurring and to perform the selected duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you find there was enough medical input into the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you offer suggestions on how to improve our Workplace Rehabilitation Procedures?			

Signature: _____ **Date:** _____

Note: Please return completed evaluation form to your local Human Resource Department.

APPENDIX VI





Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

MANAGING ATTENDANCE
POLICY AND PROCEDURES

FINAL AGREED POLICY JANUARY 09
(REVISED MAY 2014)
FOR CIRCULATION

Reader Information

HSE Directorate:	HR Directorate
Title:	Managing Attendance Policy and Procedures
Purpose:	To introduce a single HSE approach to the management of attendance
Author:	Employee Relations - HR Policy and Standards
Publication date:	January 2009 (revised May 2014 following review of Appendix 1)
Target audience:	All HSE employees and managers
Superseded documents:	All local information, procedures and policies
Related documents:	Guidelines for Health Service Employers on Managing Attendance
Review date:	January 2010
Contact details:	Office of Employee Relations, Oak House Millennium Park, Naas, Co Kildare (045 880400)

Contents

1. Purpose
2. Scope of this policy
3. Definitions/Abbreviations
4. Role and responsibilities
5. Procedures
6. Circulation and implementation of the policy
7. References
8. Appendices

Consultative Process

DATE	January 2009 (and revision May 2014)
VERSION	4.8
DEVELOPED BY	Employee Relations – Policy and Standards
IN CONSULTATION WITH	HUMAN RESOURCES NHO PCCC POPULATION HEALTH CORPORATE HSE FINANCE TRADE UNIONS HSE EA HSNPF
APPROVED BY	HSE MANAGEMENT TEAM

POLICY STATEMENT

HSE policy is that employees and managers use this policy and procedure for managing attendance.

1. PURPOSE

The contribution, ability and dedication of health service employees are key to the delivery of quality health services.

This policy is designed to identify scope for improvement in attendance levels and to find workable solutions to illness absence issues where they exist. This will benefit the HSE in terms of increased productivity and improved customer service and there are also clear benefits for employees.

Good attendance at work can assist in alleviating:-

- Disruption to services and reduced productivity
- Creation of backlogs
- Reduced quality of service
- Challenges to management due to constant revisiting of work schedules/rosters

KEY PRINCIPLES OF THE POLICY

This Policy and Procedure:

- Acknowledges the need to provide a positive working environment for all employees
- Acknowledges that employees will be offered all reasonable support to bring attendance levels to the required standard
- Recognises that the HSE expects and encourages a high rate of attendance from its employees
- Recognises the need for early intervention in cases where attendance falls below acceptable levels and the necessity for the employee and the manager to take appropriate action
- Promotes the use of the Occupational Health Department and Staff Support/Employee Assistance Programmes
- Supports the line manager to address attendance issues
- Protects the confidentiality of the individual, in line with best HR practice
- Acknowledges that managers will act responsibly in managing attendance in a reasonable, fair and consistent manner
- Confirms that where the Managing Attendance Policy and Procedure and/or associated schemes are not being adhered to, appropriate action will be taken
- Confirms that continued access to Sick Pay Schemes is conditional on staff complying with the Managing Attendance Policy and Procedure and co-operating with any reasonable measures to facilitate their return to work
- Is consistent with HSE policies

- Confirms that the Disciplinary Procedure will only be invoked when there is evidence that an employee has breached this policy
- Will be reviewed and enhanced in the future in order to ensure that it is fit for purpose

It is not the HSE's intention that employees who are ill should be at work. Whilst all employees have a responsibility to the service of which they are part, to colleagues and to themselves to attend work and fulfill their contract of employment, it is recognised that from time to time employees will suffer ill-health.

As an employer we must fulfil our responsibilities to support employees who, from time to time, experience ill-health and maintain or improve the health of employees through providing a safe work environment.

Research has shown that improvements in attendance can be achieved by having an Attendance Management Policy in place and creating an attendance culture that maximises and motivates attendance.

One of the key features of this policy is the principle of early intervention: early and successful addressing of issues with employees which might reduce employees having problems with their attendance.

Employees will receive every support practicable during times of ill-health e.g. access to the Occupational Health Department, Employee Assistance Programmes, etc. Employees will also receive continuing support upon their return to work following ill-health or in the event of acquiring a disability during the course of their working life.

The HSE is committed to providing opportunities for employees to participate in workplace rehabilitation to facilitate a timely and safe return to normal duties following injury or illness. Rehabilitation will be available regardless of whether the injury or illness is work related, as early return-to-work programs benefit both the injured or ill employee and the HSE.

The HSE operates a number of Sick Pay Schemes for employees who are absent due to injury or ill health. Details of these schemes are available from the local HR departments. The continued payment of sick pay is conditional on staff complying with this Managing Attendance Policy and Procedure and co-operating with any reasonable measures that facilitate their return to work.

This policy has been drawn up following consultation with NHO, PCCC, HSE Corporate and detailed discussions with the representative trade unions and the Health Services National Partnership Forum.

2. SCOPE OF THIS POLICY

This Policy and Procedure applies to all employees of the HSE.

The objectives of this Policy and Procedure are:-

- To set out the roles and responsibilities of employees, line managers, Human Resources, Employee Assistance Programmes and the Occupational Health Department in relation to attendance management
- To provide practical guidance for line managers in promoting a positive culture of attendance in the work place
- To promote greater awareness of the importance of employee rehabilitation

3. DEFINITIONS/ABBREVIATIONS

<i>Item</i>	<i>Definition/Abbreviations</i>
Frequent illness absence	Three individual episodes (of any length and at any time) over a rolling three month period
Long term illness absence	Four continuous weeks and over
HSE	Health Service Executive
Medical Certificate	Where absence exceeds two continuous days a medical certificate must be submitted on the third day of absence
Registered Medical Practitioner	A person whose name is entered in the General Register of Medical Practitioners

4. ROLE AND RESPONSIBILITIES

Responsibilities of Employees

- To render efficient and productive service by way of regular and uninterrupted attendance at work
- To take responsibility for their own health
- To advise the line manager of any matter that may affect their attendance and avail of appropriate services
- To co-operate fully with reasonable rehabilitative measures to facilitate a return to work as quickly as possible
- To minimise absences arising from accidents or ill-health by complying with Health and Safety requirements and taking reasonable care of their own safety and that of others
- To familiarise themselves with and comply with the provisions of the Managing Attendance Policy and Procedure

Responsibilities of Line Managers

- To promote high levels of attendance in accordance with this Managing Attendance Policy and Procedure
- To ensure employees are familiar with the Managing Attendance Policy and Procedure
- To be aware of issues that may affect attendance
- To advise employees of Staff Support/Employee Assistance Programmes and promote uptake
- To communicate and reinforce high levels of attendance
- To ensure compliance with the notification and certification procedure
- To manage Health and Safety in the workplace
- To hold return-to-work discussions after each period of absence
- To monitor levels of illness absence and maintain accurate records of attendance
- To maintain appropriate and accurate records of interventions taken regarding attendance
- To seek support and advice from the local Human Resource Department in relation to the management of attendance
- To advise employees when their attendance record is a cause for concern (e.g. frequent short-term absence, provision of unacceptable medical certificates, no certificate, etc.) and to advise of the necessary improvements
- To liaise, where appropriate, with the Occupational Health Department
- To take all reasonable steps to accommodate a phased return to work in line with any recommendations from occupational health
- To make reasonable adjustments to employment arrangements or accommodation

for employees with a disability

- To direct employees to sources of information regarding Sick Leave Schemes and associated schemes

Role of Human Resources

- To provide advice and support to line managers in the monitoring and management of illness absence and to ensure consistent application of the policy
- To disseminate absence statistics to managers and assist in identifying possible causes and areas where improvements can be made
- To liaise with the Occupational Health Department and line managers and advise on the implementation of recommendations arising from occupational health referrals as required
- To collaborate with Occupational Health, Employee Assistance and Health Promotion Departments to develop initiatives to promote a safe and healthy working environment
- To provide training materials and support for line managers and employees regarding this policy
- To provide information and guidance on all Sick Leave Schemes and associated schemes

Role of the Occupational Health Department

The Occupational Health Department provides an independent, confidential advisory service to both the employer and employee on all matters relating to the effect of health on work, and work on health. It is essentially a pro-active and preventative service rather than a treatment service, and its functions should be distinguished from that of a General Practitioner.

The functions of the Occupational Health Department include the following:-

- To provide an independent advisory service on any health-related matter which is affecting the employee's ability to undertake work or the impact of work on the employee's health, taking into account the illness prompting the referral and medical opinion where available
- To advise managers on employee's fitness to undertake his/her full range of contracted duties and to make recommendations on measures to assist the employee to return to work following illness absence as quickly and safely as possible
- To advise managers on the employee's fitness to undertake modified or alternative duties
- To advise managers and individuals on any areas of support for health-related problems that may be affecting employment
- When further information is required to liaise with the employee's medical adviser and line manager (with appropriate consent)

Occupational Health Departments are governed by strict ethical standards and must maintain confidentiality in relation to medical information. The Occupational Health Department will not disclose the details of the employee's medical condition without the employee's consent unless it is necessary to do so in order to advise senior managers on the extent to which their health will affect their ability to perform their duties or where the employee's condition places the health and safety of others at risk.

Role of Staff Support/Employee Assistance Programme

- To provide a confidential and professional support and advisory service to assist employees who are experiencing personal difficulties or need information on the range of services available
- To refer employees to sources of specialist advice

The Employee Assistance Programme provides a confidential support, counselling, and referral service to all HSE employees who are experiencing personal or work related difficulties. No information will be given to anyone without the employee's express permission.

Advice and guidance is also available to managers in dealing with employee welfare issues.

5. PROCEDURES

5.1 Procedure for reporting illness absence and returning to work

Employees are required to inform their manager that they will be unable to attend work due to illness in accordance with the following procedure:-

- On the first day of absence, an employee should contact his/her manager at the earliest possible opportunity in advance of start time to advise of their inability to attend work and the reason why
- When the employee is fit to resume duty he/she must make contact with the manager on the day prior to return so that the manager may make the necessary arrangements for return (rostering, etc)
- If an absence exceeds two continuous days a medical certificate must be submitted to the appropriate office on the third day of the absence. Follow-up certificates must be submitted on a weekly basis unless the employee is advised otherwise
- The medical certificate should be signed and stamped by a registered medical practitioner and should contain the following information:-
 - Date of issue
 - The expected duration of absence/date of return
 - Doctors signature
- Medical certificates which do not conform to these requirements will not be accepted, will be returned to the employee and may result in withdrawal of the Sick Pay Scheme if not corrected
- The medical certificate may state the illness
- If the nature of illness is not made known to the HSE it impacts on our ability to put appropriate systems in place to support the employee through their illness
- If an employee is unable to resume duty on the expiry of the original medical certificate the line manager must be informed a minimum of 24 hours prior to the expiry date that the illness is continuing. The line manager should be advised of the reason for the absence and where possible the likely duration

Managers have a key role in ensuring all employees are treated equally during their illness absence and:

- Will acknowledge receipt of the medical certificate, note the expected date to resume duty and offer support and assistance (Appendix 2)
- May contact employees during the illness absence if the procedure for reporting illness absence is breached
- Will have a discussion with the employee following each absence from work due to illness. This will be done informally, in private on the day of their return to work or as soon as possible thereafter. The aim of the discussion is to:-

- Show concern for the individual's health, offer any support and identify and explore any underlying problems at an early stage so that remedial action may be taken
- Advise the employee of Staff Support/Employee Assistance Programmes and/or Occupational Health Department services
- Bring the employee up to date on relevant workplace matters
- Facilitate the employee to identify any possible underlying causes of absence that may be important for the employee
- Identify if there are any health and safety or environmental issues in the workplace causing absenteeism

While concerns regarding the employee's attendance may be discussed, the informal return-to-work discussion does not constitute a stage in the Disciplinary Procedure.

Line managers should keep a record of the fact that the discussion took place.

5.2 Procedure to follow in cases of frequent short-term illnesses

In order to ensure the consistent application of this Policy and Procedure across the HSE, “frequent” is defined as an absence from work by reason of illness on three occasions over a rolling three month period through illness. It is particularly important that managers address frequent short-term illness absence as it is often difficult to cover the employee’s work at short notice, and this can lead to a diminution in service delivery.

The HSE wants to ensure that appropriate support and advice is provided to employees at all times. This procedure is designed to be supportive and aims, where possible, to help individuals achieve regular attendance at work.

If an employee is frequently absent a manager will meet with the employee to review attendance. The emphasis of the meeting should be on discussion, fact finding and positive actions.

At this meeting the manager should:-

- Review and agree dates of illness absence to ensure that records are accurate
- Listen to any explanation offered by the employee
- Explore whether there are any aspects of the job or working environment that may be causing the absences
- Review any assistance provided to the employee and make further proposals if necessary, including the opportunity to avail of Occupational Health, Staff Support/Employee Assistance Programmes
- Decide whether or not there is continued cause for concern and action
 - If there is not, the meeting is closed and the manager will write to the employee within 5 days confirming the discussion
- If there are issues there will be a need to identify the concerns and outline the improvement to be achieved (within a monitoring period of three months) and identify additional reasonable supports
- Advise the employee that they will be referred to the Occupational Health Department for review
- Advise the employee that at the end of the specified monitoring period a review meeting to assess the employee’s progress against agreed targets will be arranged. The employee will also be advised of the consequences of not meeting required improvements

After the meeting the manager will write to the employee within five working days of the meeting confirming the outcome of the meeting and the agreed attendance standards, monitoring period and potential consequences of no improvement in attendance.

At the end of the review period, if there has been an improvement and the employee has met the targets this should be noted by the line manager, communicated to the employee, and followed up in writing.

If there has been no improvement in attendance and the Occupational Health Department has indicated there is no underlying medical reason for the absences a meeting must take place at which the employee is informed of the advice of the Occupational Health Department.

The Employee may challenge the advice of the Occupational Health Department with supporting medical evidence.

If there is no challenge management should consider the appropriate course of action including the invoking of formal procedures.

The Disciplinary Procedure should not be initiated where employees are subject to specialist medical investigation/intervention.

Managers should work with their local HR Departments and obtain effective support and guidance throughout this process.

5.3 Procedure to be followed in cases of long-term absence

When employees are unfit to attend work their absence should be managed in a sympathetic and reasonable manner and appropriate steps taken to enable them to return to work as soon as possible.

It is important that regular contact is maintained with the employee during extended periods of sick leave so that the manager knows of their progress and expected date of return and the employee can be updated on workplace developments. Employees should understand that managers need to know when employees might resume duty so that they can effectively manage and facilitate the employee's return to work and manage the service effectively.

Depending on the illness, the manager may, during periods of long-term illness absence, arrange for an occupational health assessment (see section 5.4) or advise the employees of Staff Support/Employee Assistance Programmes.

In cases of terminal illness, this procedure will not apply.

Advice from the Occupational Health Department or other medical is likely fall into one of the following categories:-

Employee is fit to return to normal duties

The employee will return to work.

Employee is fit to return on a phased basis

The employee will return to full duties on a phased basis.

The manager should arrange to meet with the employee to discuss the advice from the Occupational Health Department, explore options resulting from this advice and discuss the next steps. Before taking any action, the manager should discuss the issue with the relevant Human Resources manager.

If appropriate at the meeting, the manager and employee should discuss whether reasonable adjustments to the duties or the work environment would enable the employee to return to work.

Staff Support/Employee Assistance Programmes continue to be available for employees during this period.

Employee is unfit but may become fit after a specified period

The Occupational Health Department may advise that the employee may be fit after a given period or will not be fit before a certain period. In such cases,

management will continue to monitor the progress of recovery and maintain contact with the employee. Further referrals to the Occupational Health Department should be made to obtain regular and up to date advice.

Employee is recommended for medical redeployment

The Occupational Health Department may recommend that the employee be redeployed on medical grounds specifying limitations and recommending suitable and appropriate duties (within the terms of the employment contract) that may be undertaken.

The manager should arrange to meet with the employee to discuss the advice from the Occupational Health Department, explore options resulting from this advice and discuss the next steps. Before taking any action, the manager should discuss the issue with the relevant Human Resources manager.

If appropriate at the meeting, the manager and employee should discuss whether reasonable adjustments to the duties or the work environment would enable the employee to return to work

If reasonable adjustments are not possible alternative employment within the HSE must be considered. It may be necessary to seek further advice from the Occupational Health Department at this stage. Following this, the manager, in conjunction with the HR Department, will take all reasonable steps to identify a suitable vacant post for the employee.

Employee is recommended for medical re-assessment

The Occupational Health Department may wish to refer the person for further specialist advice, in which case they will advise the manager that further assessment is needed.

Alternatively, the Occupational Health Department may re-assess the person after four weeks (or such period as deemed necessary by the Occupational Health Department) and advise the manager accordingly. It is recognised that it is in both the employee's and manager's interest that the likelihood of their return to work is identified as speedily as possible.

Staff Support/Employee Assistance Programmes continue to be available for employees during this period.

Employee is permanently unfit for duty

The employee can no longer render regular and efficient service.

If the employee disagrees with the content of the medical report they may provide further medical evidence to support their position. Such evidence will be provided at their own expense and within strict timeframes.

Where medical advice indicates that the employee is permanently unfit to continue in employment and all other employment options have been exhausted it may be necessary for the employment to terminate on the grounds of ill-health. Discussions on retirement on ill-health grounds should be commenced.

Discussions on retirement on ill-health grounds can be initiated by the employee along with supporting medical documentation which will be reviewed by the Occupational Health Department.

Line managers should work collaboratively with the Occupational Health Department, Staff Support/Employee Assistance and Human Resources in order to facilitate a timely resolution of these issues.

5.4 Procedure to be followed for referral to the Occupational Health Department

There are two ways that an employee may be referred to/access the Occupational Health Department.

- a) Management referral
- b) Self referral

Employees should, when attending any Occupational Health Department appointment, bring any relevant medical documentation which they may have available.

A) Management Referral

Following discussion with the employee the manager may make a referral to the Occupational Health Department.

The purpose of this referral is to ensure that the employee has access to competent advice on the implications of their health problem in relation to their work, support in securing early and effective treatment where appropriate and also to provide advice to managers on managing the employee's attendance.

The objective of the referral is to enable the Occupational Health Department to:-

- Provide help and support for the employee to manage and cope with an identified health problem within the context of their contractual obligations
- Ensure that managers have competent medical advice in relation to performance/capacity including mitigating factors in relation to attendance history
- Provide advice to managers in respect of a likely return-to-work date if the employee is absent
- Advise managers if the condition is in any way work related
- Provide advice on options for further risk control/reduction in the workplace
- Advise managers of adjustments to the duties or work environment

Referrals or re-referrals can take place at any point during the management of illness absence if the manager becomes concerned that the employee has a deterioration in their existing condition, that specialist advice is required or a new condition is developed.

Where managers make referrals to the Occupational Health Department the standard form at Appendix 1 should be used.

The employee should be made fully aware of the reasons for the referral and given a copy of the referral form.

An employee is not compelled to undergo any form of assessment without first having given their informed consent. The employee has a legitimate right to refuse to attend the Occupational Health Department. However, the employee should understand that refusal to attend the Occupational Health Department does not preclude further management action being taken without the benefit of medical advice including withdrawal of the Sick Pay Scheme.

Employees wishing to avail of the terms of the Sick Leave Scheme are obliged to attend for independent medical assessment in accordance with the Department of Health and Children Circular 10/71.

Managers will consider the reasons why the employee has refused to attend an occupational health assessment before making decisions and/or taking further action.

B) Self Referral

Employees may also self refer to the Occupational Health Department to avail of services.

A referral to the Occupational Health Department ensures that employees can raise concerns in a confidential setting.

A standard referral form is attached at Appendix 1.

5.5 Procedure to facilitate return of employees to work (rehabilitation)

Good communication during periods of absence is vital and continual submission of illness certificates without other communication is not acceptable. The line manager should maintain regular contact with absent employees, to keep the employee in touch with relevant workplace matters, discuss the employee's progress in returning to fitness and the timing and possible return-to-work arrangements.

Employees should not return to work unless they are fit to do so. In cases of long-term absence the Occupational Health Department or GP must confirm to the manager that the employee is fit to resume duties. The health and safety of the individual employee is paramount at all times, and there is no intention to exert any undue pressure on such absent employees.

The manager will initiate discussion with the employee on the possibility of return. The dialogue should centre on whether there is joint advantage in considering some or any of the following:-

- A phased/gradual return to work and the expected timelines for both the manager and the employee (this will be over a short period of time)
- Part-time work
- Alteration, restriction or limitation of certain tasks
- Providing visual, auditory, manual lifting or dexterity aids, improving access
- Re-orientation, re-training, mentoring, supervision
- Relocation to another job temporarily
- Enabling an employee with a disability to perform their duties by providing workplace adjustments

If, following these discussions, there is mutual agreement that an opportunity exists for a return to work, then consideration will be given to obtaining the relevant medical support for such a proposition from the Occupational Health Department. This can be obtained in any of the following ways:-

- Employee to apply to own GP or Consultant confirming fitness to return to work in a phased basis and outlining timelines for return to full fitness
- Employee referral to the Occupational Health Department
- Employer referral to the Occupational Health Department

If medical support is being sought, it is appropriate for relevant information to be supplied to the medical practitioner.

The return-to-work proposal should be described in clear terms, indicating:-

- The date of return
- The nature of the duties being proposed (if different from the employee's normal duties)
- Any special assistance to be offered

- The intended expiry date of any temporary arrangements or dates for review
- Any reasonable accommodation made to facilitate the return

The manager should keep a record of reasonable accommodation made to facilitate the employee's return to work. The manager should also monitor the accommodation to ensure that the adaptation enables the employee to complete the necessary work task(s) and seek feedback from the employee on its effectiveness.

If during any period of phased return the employee's health is perceived, by the line manager, employee or the Occupational Health Department, to be deteriorating, and there is a foreseeable risk to the employee, client or service, the employee may resume sick leave, and an urgent appointment should be made with the Occupational Health Department.

Careful consideration needs to be given to the nature of the duties/responsibilities being covered by the employee during this time. Nothing must mitigate against enabling the employee to fully recover from his/her original ailment or problem. If in doubt, specialist help/advice should be sought.

When approached by his/her line manager, an employee is expected to fully consider any ideas/options suggested. The employee is not expected to put any unreasonable obstacles forward but is, of course, entitled to an opportunity to consider any practicalities that may impact on his/her ability to return to work.

In accordance with the Employment Equality Act employees who have acquired a disability are entitled to have reasonable accommodation made to facilitate their return to work. All enabling options should be fully explored by line managers, for example:-

- Making adjustments to premises and/working space where reasonably practicable
- Allocating minor or subsidiary duties to another employee
- Altering working hours (start and finish times, allocation of breaks)
- A reduction in hours
- Changing the location of the work
- Specifying/restricting certain tasks
- Allowing time off for rehabilitation, treatment, assessment
- Providing a period of rehabilitation
- Offering additional or extended training for the substantive post
- Acquiring equipment or modifying existing equipment
- Modifying instructions or manuals
- Modifying procedures for testing or assessment
- Providing assisted technology e.g. 'reader' or 'interpreter'
- Providing specific support, supervision or coaching

This list is not intended to be exhaustive

It may not be possible in all services or employment settings to offer all or any of the above options. However, line managers will need to show clear evidence of systematically considering all options that might facilitate an employee returning to work.

Further information on Rehabilitation will be the subject of a separate policy.

6. CIRCULATION AND IMPLEMENTATION OF THE POLICY

It is the responsibility of all managers and employees to support the circulation and implementation of this policy.

This policy will be made available on the HSE website and the intranet site.

Training will be provided to managers through local Performance and Development departments working with staff representatives.

The policy will be kept under review and comments and feedback are welcome to inform this process.

7. REFERENCES

Documents considered in the course of drawing up this policy.

Attendance Management Policy - *HSE North East Area with HSNPF*

Terms and Conditions - *Dept of Health Circular 10/71*

Guidelines for Health Service Employers on Managing Attendance - *HSE EA September 05/February 08*

Monthly Return of Percentage Absence Rates – *HR Circular 7/2008*

Partnership Forum Sub Group Report on Absenteeism – *HSE North Western Area June 06*

Terms and Conditions of Employment – *HSE HR Department/ HSE EA*

Employees Remuneration – Conditions of Service Sick Leave – *Midland Health Board 1985*

Sick Leave Policy and Absenteeism Management – *Southern Health Board 2003*

Managing Attendance Policy Document for Use by Line Managers, Supervisors, General Managers and Directors of Nursing – *South Eastern Health Board March 2004*

Sick Leave – *North Western Area March 2008*

Employee Absenteeism A Guide to Managing Absence - *IBEC September 2004*

Attendance Management Policy - *Department of Social and Family Affairs May 2005*

Managing Attendance and Sick Leave Policy - *Ability West February 08*

Absentee Management Policy Procedure for Supervisors - *Waterford City Council undated*

Attendance Management – Duty of Employees - *Waterford City Council undated*

**HEALTH SERVICE EXECUTIVE
EMPLOYEE REFERRAL FORM
CONFIDENTIAL TO OCCUPATIONAL HEALTH
To be completed by referring Manager**

Section 1: Notes for the referring manager

1. The Occupational Health Department (OHD) provides an independent, confidential advisory service to both employees and the employer on all matters relating to the effect of health on work and work on health.
2. The reason for referral must be discussed with the employee in advance of the referral. The manager should sign section 8 and indicate that s/he has discussed this referral with the employee being referred.
3. To ensure the occupational health consultation is beneficial for all parties it is essential that all relevant background information is provided at the time of referral.
4. Managers must complete the sickness absence grid at Appendix A.
5. Once completed, the manager should send the form to the OHD. The OHD will contact the employee to arrange an appointment. Appointments will only be made on receipt of a fully completed referral form. Incomplete forms will be returned to the manager.
6. Managers can normally expect a written report following assessment within five working days of the appointment.
7. The OHD will discuss their findings with the employee which will then form the basis of a report to be submitted on a confidential basis to the referring manager, the employee and other designated key people for successful case management (eg HR).

Section 2: Employee details (use block capitals)

Family Name:	Forename(s):
Date of birth:	Gender:
Employee/personal number:	Email address:
Home address:	Contact telephone numbers: Home: Mobile: Work:

Section 3: Post details (use block capitals)

Post/Grade:	Department:
Location:	Usual hours of work:
Work pattern: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Job share	Night work: <input type="checkbox"/> None <input type="checkbox"/> Occasional <input type="checkbox"/> Regular

Section 4: Job demands (give details of physical demands, work hazards, location issues, other demands)

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Section 5: Current medical issues

Is the employee currently on sick leave? Yes ☐ No ☐

Is the employee currently under the care of a Consultant? Yes ☐ No ☐

When does the current medical certificate expire? _____

What is the certified reason given for this absence? _____

Complete the sickness absence grid (at end of form).

Section 6: Reason for referral (tick all relevant boxes)

- ☐ Assess fitness to return to duty following sickness absence
- ☐ Frequent short-term sickness absence
- ☐ Long-term sickness absence
- ☐ Medical review of disclosed health issue
- ☐ Health-related performance issue
- ☐ Possible work-related health problem
- ☐ Accident/injury at work
- ☐ Infectious disease
- ☐ Suspected substance abuse
- ☐ Other, describe below

Describe the main issues, chronologically, that have initiated this request and any other relevant facts:

Section 7: Specific advice requested (tick the options that are most appropriate for the information that you require)

- ☐ Is there an underlying medical condition affecting this individuals performance or attendance at work?
- ☐ Is s/he currently fit to carry out the duties outlined in the job description?
- ☐ Are there any short-term adjustments to the work tasks or environment that would help to facilitate rehabilitation or an early return to work?
- ☐ Are any permanent adjustments to the work tasks or environment recommended?
- ☐ What is the likely time-scale for recovery and/or when do you anticipate a return to work?
- ☐ Is there further requirement for medical support or intervention?
- ☐ Is the health problem likely to recur or affect future attendance?
- ☐ In your opinion, does the health problem meet the criteria for disability as defined by the Employment Equality Act?
- ☐ Will s/he be able to offer a regular and efficient service in the future, or is this health problem likely to recur or affect future attendance?
- ☐ Other information (please specify e.g. opportunities for job adjustment/redeployment, any outstanding disciplinary/grievance procedures):

Section 8: Referring manager's details and checklist

Manager's name:	Address:
Job title:	Department:
Contact number:	Email:
HR Manager:	HR Manager's contact details:

- ☐ I confirm that I have discussed the reasons for this referral with the employee
- ☐ The employee has received a copy of this referral and associated information sheets
- ☐ I am aware that the employee will receive a copy of the resulting report
- ☐ I enclose a copy of the employee's job description/job function analysis as appropriate
- ☐ I attach a copy of the employee's sickness absence chart
- ☐ I attach other relevant documents (please specify, eg details of return to work meetings, incident/accident forms) _____

Signed: _____ Date: _____

Note: Appointments will only be made on receipt of a fully completed referral form

Section 9: Employee's consent

- ☐ I confirm that my manager has discussed the reasons for this referral with me
- ☐ I confirm that I consent to this referral and any subsequent appointment with the Occupational Health Department
- ☐ I confirm that I consent to Occupational Health providing a report to my manager

Signed: _____ Date: _____

Section 10: Occupational Health use only

Referral reviewed by:	Date:
Further information required from: <ul style="list-style-type: none"><input type="checkbox"/> Line manager<input type="checkbox"/> Employee<input type="checkbox"/> Medical Adviser/GP/Consultant<input type="checkbox"/> Other _____	Appointment to be offered in: <ul style="list-style-type: none"><input type="checkbox"/> 1-2 weeks<input type="checkbox"/> 2-4 weeks<input type="checkbox"/> 4-6 weeks<input type="checkbox"/> Other _____
Appointment with OHP OHA	
To be completed by Administrator:	
Appointment date: _____ To be seen by: _____	

SICKNESS ABSENCE RECORD

Shade in boxes corresponding to dates when employee was absent due to sickness

Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan																															
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Mar																															
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Dec																															

Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Nov																															
Dec																															

Appendix 2

Sample letter from line manager to employee on receipt of medical certificate.

Date

To

(Employee)

(Name)

(Home Address)

Dear (Employee),

I acknowledge receipt of a medical certificate from (name of GP) and note that your expected date to return to work is (insert date)

If I can provide any support or assistance to you please contact me to discuss.

Yours sincerely,

(Line Manager)

Return to work discussion

Show concern for the individual's health, offer any support and identify and explore any underlying problems at an early stage so that remedial action may be taken

Advise the employee of Staff Support/Employee Assistance Programmes and/or Occupational Health Department services

Bring the employee up to date on relevant workplace matters

Facilitate the employee to identify any possible underlying causes of absence that may be important for the employee

Identify if there are any health and safety or environmental issues in the workplace causing absenteeism

Discussion with employee to review attendance

- Review and agree dates of illness absence to ensure that records are accurate
- Listen to any explanation offered by the employee
- Explore whether there are any aspects of the job or working environment that may be causing the absences
- Review any assistance provided to the employee and make further proposals if necessary, including the opportunity to avail of the Occupational Health Department, Staff Support/Employee Assistance Programmes
- Decide whether or not there is continued cause for concern and action. If there is not, the meeting is closed and the manager will write to the employee within 5 days confirming the discussion
- If there are issues there will be a need to identify the concerns and outline the improvement to be achieved (within a monitoring period of three months) and identify additional reasonable supports
- Advise the employee that they will be referred to the Occupational Health Department for review
- Advise the employee that at the end of the specified monitoring period a review meeting to assess the employee's progress against agreed targets will be arranged. The employee will also be advised of the consequences of not meeting required improvements