



HSE Managing Attendance Policy (Revised 2023)

Policy Procedure Protocol Guideline Clinical Guideline

DOCUMENT GOVERNANCE

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VERSION CONTROL UPDATE

Version No.	Date reviewed	Section numbers changed	Approved by
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2	2023	<ul style="list-style-type: none"> • Updating of the Title Page, Reader Information, and Table of Contents (pages 1 to 3), and removal of out of date references (section 7); • Update to reference Public Service Sick Leave Scheme (e.g. page 6); • Gender neutralising of language throughout e.g. section 5.1. • Definitions in section 3 of Registered Medical Practitioner, Register, Registered are amended and Registered Dentist definition is added. • Section 5.1, fourth bullet of the Policy and Procedure is altered to read: <i>“The medical certificate should be signed and stamped by a registered medical practitioner or registered dentist and should contain the following information . . . “</i>; • Section 4: Incorporation of two additional responsibilities for line managers. • Section 4: Incorporation of new responsibility for Human Resources. • Section 5.1: Removal of bullet points about disclosure of illness on medical certificates to ensure GDPR compliance; • Section 5.5: Inclusion of reference to Rehabilitation Policy. • Section 6: Amendment to circulation and implementation of the policy. • Appendix 1, Section 5 form: removal of requirement to disclose nature of illness. 	
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PUBLICATION INFORMATION

Title:

HSE Managing Attendance Policy

Topic:

Managing Attendance

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National Employee Relations

Short summary:

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.

Description:

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*



Managing Attendance Policy (Revised 2023)

Document updated by	HSE National Employee Relations	Union/staff association consultation completed	August 2023
Implementation Date	September 2023	Responsibility for review and audit	National Director Human Resources

Reader Information

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HSE Directorate:	HR Directorate
Title:	Managing Attendance Policy and Procedures
Purpose:	To introduce a single HSE approach to the management of attendance
Author:	National Employee Relations (2023 update)
Publication date:	January 2009 (revised May 2014 following review of Appendix 1, and September 2023 to update medical certification and additional essential amendments)
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Superseded documents:	All local information, procedures and policies
Related documents:	<p>Rehabilitation of employees back to work after illness or injury policy and procedure https://www.hse.ie/eng/staff/resources/hrppg/rehabilitation-ofemployees-back-to-work-after-illness-or-injury.html</p> <p>Long Term Absence Benefit Schemes Guidelines https://www.hse.ie/eng/staff/resources/hrppg/long-term-absencebenefit-schemes-guidelines-december-2012.html</p>
Review date:	September 2026
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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 the Public Service Sick Leave Scheme for employees who are absent due to injury or ill health. Details of this scheme is 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 internal stakeholders and the health service trade unions.

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 medical practitioner whose name is entered in the register
Register	The register of medical practitioners established under section 43(1) of the Medical Practitioners Act 2007
Registered	In relation to a medical practitioner means registered under sections 46, 47, 48, 49 or 50 of the Medical Practitioners Act 2007
Registered Dentist	A person whose name is entered in the Register of Dentists established under the Dentists Act 1985

4. ROLES 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
- To advise employees of requirements regarding sick pay where employees are in receipt of Illness/Occupational Injury Benefit from Department of Social Protection.
- To monitor employees' sick pay entitlements and communicate accurately with other stakeholders as needed (e.g. Time Returning Officers, payroll, HR etc) to avoid under or over payments in sick pay.

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 the Public Service Sick Leave Scheme and other sickness absence schemes and to enhance line managers' knowledge of these schemes through training and other relevant supports.

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 their 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 their 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 they 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 or registered dentist and should contain the following information:-
 - Date of issue
 - The expected duration of absence/date of return
 - Doctor's 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
- 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 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.

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 their 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 their ability to return to work.

In accordance with the Employment Equality Acts 1998 to 2021 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.

Managers and employees should refer to the HSE Rehabilitation of Employees back to Work After Illness Or Injury Policy (2020) for full advice and information on rehabilitation.

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 staff website.

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

Appendix 1

**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: Sick Leave Information

Is the employee currently on sick leave? Yes No

When does the current medical certificate expire? _____

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 <input type="checkbox"/> OHP <input type="checkbox"/> 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	
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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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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