



## PROCEDURE FOR OCCUPATIONAL HEALTH (OH) IN HSE SICK PAY SCHEMES & LONG TERM ABSENCE BENEFIT SCHEME

Policy  Procedure  Protocol  Guideline  Clinical Guideline

### DOCUMENT GOVERNANCE <sup>1</sup>

<b>Document Owner (post holder title):</b>	Director of Workplace Health & Wellbeing Unit
<b>Document Owner name:</b>	Dr Grant Jeffrey
<b>Document Owner email contact:</b> <i>(Generic email addresses only for the Repository)</i>	<a href="mailto:hr.wellbeing@hse.ie">hr.wellbeing@hse.ie</a>
<b>Document Commissioner(s): (Name and post holder title):</b>	Dr Grant Jeffrey – Director of Workplace Health & Wellbeing Unit
<b>Document Approver(s): (Name and post holder title):</b>	See Appendix 3
<b>Lead responsibility for national implementation:</b>	Dr Grant Jeffrey – Director of Workplace Health & Wellbeing Unit
<b>Lead responsibility for national monitoring and audit:</b>	Dr Grant Jeffrey – Director of Workplace Health & Wellbeing Unit
<b>Development Group Name:</b>	Working Group for the Role of Occupational Health in HSE Sick Pay Scheme
<b>Development Group Chairperson:</b>	Dr Sujil Jacob

*Additional headings can be inserted as required*

### DOCUMENT MANAGEMENT <sup>2</sup>

<b>Date effective from:</b>	19/03/2024		
<b>Date set for next review:</b>	19/03/2027		
<b>Your Reference No: (if applicable)</b>	PR:04:00		
<b>Current version no:</b>	0	<b>Archived version no:</b>	N/A

Note: Original document is Version 0. First revision is Version 1. Second revision is Version 2, and so on.

Note: HSE National 3PGs should be formally reviewed every 3 years, unless new legislative/regulatory or emerging issues/research/technology/audit etc. dictates sooner.

<sup>1</sup> Records the senior management roles involved in the governance and development of the document.

<sup>2</sup> Records the control information about the document.

VERSION CONTROL UPDATE <sup>3</sup>			
Version No.	Date reviewed	Section numbers changed	Approved by
0			
<b>Document management notes:</b>			

PUBLICATION INFORMATION <sup>4</sup>
<b>Title:</b>
Procedure For Occupational Health (OH) In HSE Sick Pay Schemes & Long Term Absence Benefit Scheme
<b>Topic:</b>
Role of Occupational Health in various HSE Sick Pay schemes & Long term Absence benefit schemes
<b>National Group:</b>
Workplace Health & Wellbeing Unit
<b>Short summary:</b>
This Procedure outlines the Role of Occupational Health in various HSE Sick Pay schemes & Long term Absence benefit schemes and provides guidance on the processes required
<b>Description:</b>
<p>The purpose of this National procedure is:</p> <ul style="list-style-type: none"> <li>• To bring clarity to the Role of Occupational Health in HSE Sick Pay schemes and to standardise the process.</li> <li>• Provide guidance to Occupational Health physicians in fulfilling their role when assessing employees referred to Occupational Health Service for access to sick pay or one of the long term absence benefit schemes</li> <li>• Provide a framework to limit medical information to only what is necessary and specific to a particular scheme.</li> </ul>

<sup>3</sup> Records details when a document is reviewed, even if no changes are made.

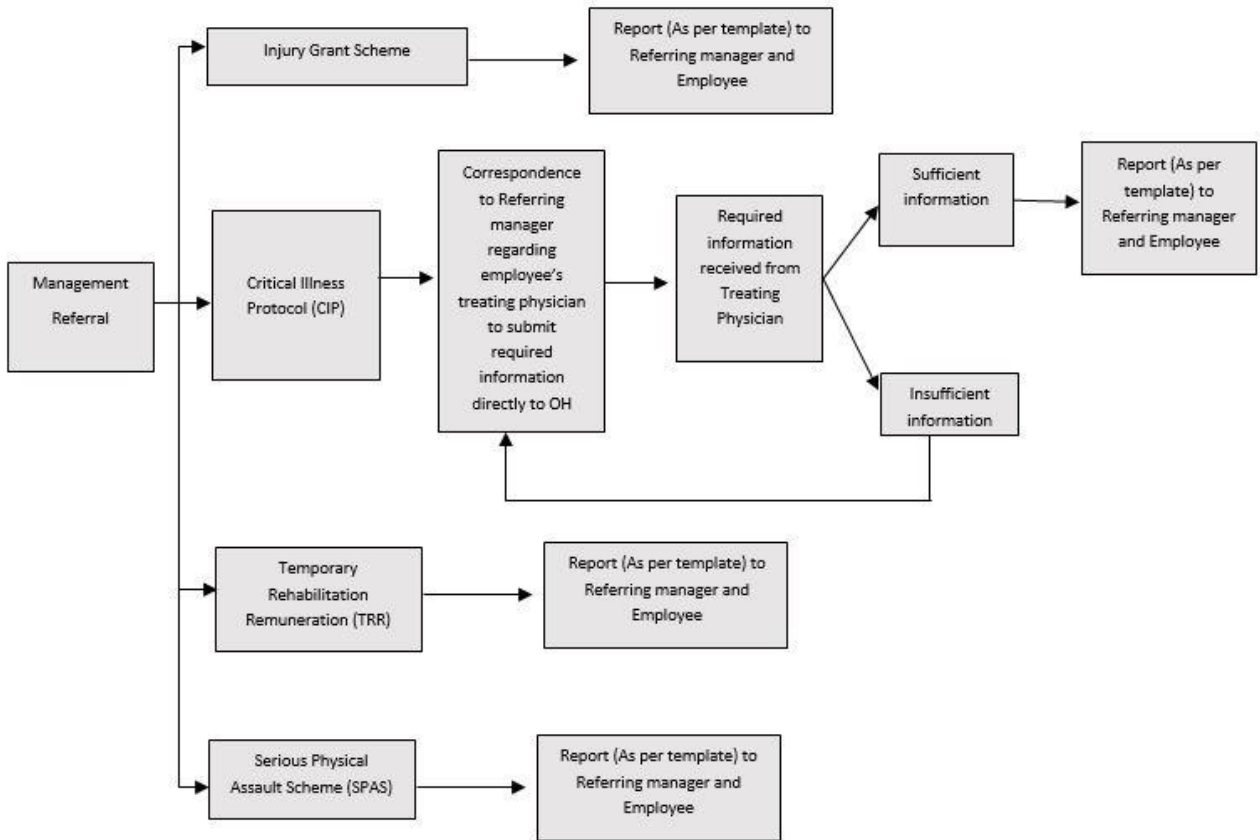
<sup>4</sup> Records the document information required for publication on the HSE National Central Repository.

## Contents

1.0	Planning .....	4
1.1.	Overview .....	4
1.2.	Purpose .....	5
1.3.	Scope .....	5
1.4.	Objective(s) .....	5
1.5.	Disclosure of interests .....	5
1.6	Supporting evidence.....	5
2.	Procedure .....	7
2.1.	Roles and Responsibilities : Occupational Health Service .....	7
2.2	Critical Illness Protocol (CIP) .....	7
2.3	Temporary Rehabilitation Remuneration (TRR) .....	8
2.4	Injury Grant Scheme .....	9
2.5	Serious Physical Assault Scheme.....	10
2.6	Other pay schemes in Long term absence benefit scheme guidelines .....	11
3	Consultation .....	11
3.1.	Stakeholder involvement.....	11
3.2	External review.....	11
4	National implementation plan.....	11
5	Governance and approval.....	11
6	Communication and dissemination plan .....	12
7	Sustainability .....	13
7.1	National monitoring and audit .....	13
8	Review / update .....	13
8.1	Next review date .....	13
9	References .....	13
10	Appendices.....	14
Appendix 1: Report Templates .....		14
Appendix 2: Membership of Development Group .....		19
Appendix 3: Membership of Approval Governance Group .....		20
Appendix 4: Implementation plan.....		21
Appendix 5: National Audit Tool.....		22
Appendix 6: Signature sheet .....		23

# 1.0 Planning

## 1.1. Overview



## **1.2. Purpose**

This Procedure outlines the Role of Occupational Health in various HSE Sick Pay schemes & Long term Absence benefit schemes and provides guidance on the processes required.

The purpose of this National procedure is:

- To bring clarity to the Role of Occupational Health in HSE Sick Pay schemes and to standardise the process.
- Provide guidance to Occupational Health physicians in fulfilling their role when assessing employees referred to Occupational Health Service for access to sick pay or one of the long term absence benefit schemes
- Provide a framework to limit medical information to only what is necessary and specific to a particular scheme.

## **1.3. Scope**

This Procedure applies to all Occupational Health Departments of the Health Service Executive and their funded bodies

## **1.4. Objective(s)**

The HSE remains committed in supporting its employees during periods of illness or injury by providing access to Occupational Health and sick pay/long term absence schemes to eligible employees in line with relevant regulations, circulars and policies.

These procedures provide a process which ensures that Occupational Health Physicians provide relevant standardised information that may be used by the employer to make the final decision of approval for a particular sick pay scheme.

## **1.5. Disclosure of interests**

No conflicts of interest were declared

## **1.6 Supporting evidence**

Literature review is not applicable, as this document was developed by directly interpreting the existing HSE Policies/circulars etc. relevant to various Sick Pay schemes.

Legislation and regulation publications, which are relevant to this procedure, were referred to during the development of the Policy. In addition, existing policy and standards were referred to:

- HSE Data Protection Policy 2019
- Managing Attendance Policy & Procedures (2023)
- Long Term Absence Benefit Scheme Guidelines (2012)

## 2. Procedure

### 2.1. Roles and Responsibilities : Occupational Health Service

- 2.1.1. To refer to and follow the procedure outlined in this document
- 2.1.2. To familiarise with all Sick Pay Scheme & long term absence scheme policies to which HSE employees are entitled.
- 2.1.3. To use the attached templates in report writing when an application is made regarding a specific Sick Pay Scheme.
- 2.1.4. Adhere to HSE Data Protection Guidelines and National Consent Policy to ensure strict confidentiality in managing employee data and medical information.
- 2.1.5. To obtain written consent from the employee to communicate with relevant healthcare professionals involved in their care where further information is required.
- 2.1.6. To fulfil the Occupational Health role outlined in various sick pay schemes and other policies (e.g. Rehabilitation Policy) including assessing fitness to work.

### 2.2 Critical Illness Protocol (CIP)

- 2.2.1 A management referral specifying assessment for 'Medical Criteria eligibility for Critical Illness Protocol (CIP)' is required. In circumstances where a management referral to Occupational Health for an existing illness has already been submitted, and the Critical Illness protocol request is in relation to this illness, an email or written request from the manager can be accepted.
- 2.2.2 The Occupational Health department should inform the manager to contact the employee in relation to submitting a treating specialist's letter directly to the occupational health department.
- 2.2.3 The treating specialist's letter should contain all of the following information:
  - a. Diagnosis (including stage and grade if cancer diagnosis)
  - b. Current/Future Treatment including duration
  - c. Prognosis
  - d. Dates of any continuous inpatient admission.

- 2.2.4 In circumstances where the employee is unable to provide written consent due to illness, the referring manager should contact the employee's Next of Kin. The employee's Next of Kin should request the treating specialist to submit the above information directly to Occupational Health as a report.
- 2.2.5 This assessment cannot be completed without receiving all of the above information from the treating physician.
- 2.2.6 Where there is sufficient information in the submitted treating physician's letter, the occupational health physician can then issue a report using Template for Critical Illness Protocol (CIP) report.
- 2.2.7 Where there is insufficient information in the submitted treating physician's letter, the occupational health physician will inform the referring Manager. The referring Manager will inform the employee or employee's family member to request the treating physician to submit additional information directly to the Occupational health department.
- 2.2.8 The payment of Critical Illness Protocol is at the discretion of Management. The OHP should use the suggested template for CIP report and submit it to management for consideration.
- 2.2.9 Appeal of Medical decision – The advice of the Occupational Physician may be appealed to an appropriate Specialist Occupational Physician in another department. This appeal will ordinarily be a file review only. The final decision of any appeal lies with the employer, having considered the medical advice.
- 2.2.10 In the circumstance that the Occupational Health physician has not received a request for Critical Illness Protocol assessment and he/she is of the opinion that the employee meets the medical criteria – The occupational health physician should inform the employee to contact their manager for submission of an assessment request to the Occupational health department.

### **2.3 Temporary Rehabilitation Remuneration (TRR)**

- 2.3.1 Assessment for Temporary Rehabilitation Remuneration requires a request from the manager with appropriate consent from the employee. A Management referral is required. However, in circumstances where a management referral to Occupational Health for an existing illness has already been submitted, and the TRR request is in relation to this illness, an email or written request from the manager can be accepted



2.3.2 The OHP should use the suggested template for Temporary Rehabilitation Remuneration (TRR) report.

2.3.3 An Occupational health follow up assessment can be considered based on:

- a. Expected timeframe of improvement from treatment or for specific medical condition.
- b. Further information received from specialist
- c. Completion of further assessment/treatment by employee's treating specialist
- d. Request from employee due to significant improvement in health
- e. Further request from Manager as an update for the purposes of the scheme.

2.3.4 Eligibility and application of Temporary Rehabilitation Remuneration is a function of management.

## 2.4 Injury Grant Scheme

2.4.1 Assessment for the Injury Grant Scheme requires a request from the manager with appropriate consent from employee. A Management referral is required. However, in circumstances where a management referral to Occupational Health for an existing illness has already been submitted, and the Injury Grant Scheme request is in relation to this injury, an email or written request from the manager can be accepted.

2.4.2 As per [Long term absence benefit schemes Guideline \(2012\)](#), a copy of the incident report form should be supplied to Occupational Health in advance of the initial assessment.

2.4.3 The OHP should use the suggested template for Injury Grant Scheme report.

2.4.4 It is the responsibility of the employee to provide supporting document in a timely manner as requested by the Occupational Health department.

2.4.5 The OHP should use the template for Injury Grant Scheme report.

2.4.6 An Occupational Health follow up assessment can be considered based on:

- a. Expected timeframe of improvement from treatment or for specific medical condition.
- b. Further information received from specialist

- c. Completion of further assessment/treatment by employee's treating specialist
- d. Request from employee due to significant improvement in health
- e. Further request from Manager as an update for the purposes of the scheme.

2.4.7 The final decision making as to whether the applicant meets the criteria of the scheme lies with Management.

2.4.8 There is no established rating scale for establishing 'Degree of Impairment'.

## 2.5 Serious Physical Assault Scheme

2.5.1 Assessment for the Serious Physical Assault Scheme (SPAS) requires a request from the manager with appropriate consent from employee. A Management referral is required. However, in circumstances where a management referral to Occupational Health for an existing illness has already been submitted, and the SPAS request is in relation to this illness, an email or written request from the manager can be accepted.

2.5.2 As per [Long term absence benefit schemes Guideline \(2012\)](#) a copy of the incident report form should be supplied to Occupational Health in advance of the initial assessment.

2.5.3 The OHP should use the template for Serious Physical Assault Scheme.

2.5.4 It is the responsibility of the employee to provide supporting document in a timely manner as requested by the Occupational Health department.

- 2.5.5 An Occupational health follow up assessment can be considered based on:
- a. Expected timeframe of improvement from treatment or for specific medical condition.
  - b. Further information received from specialist
  - c. Completion of further assessment/treatment by employee's treating specialist
  - d. Request from employee due to significant improvement in health
  - e. Further request from Manager as an update for the purposes of the scheme.

2.5.6 The final decision as to whether the applicant meets the criteria of the scheme

lies with Management.

## 2.6 Other pay schemes in Long term absence benefit scheme guidelines

2.6.1 See <https://healthservice.hse.ie/filelibrary/staff/long-term-absence-benefit-schemes-guidelines-2012.pdf>

- Methicillin resistant Staphylococcus Aureus (MRSA) - Page 16 of 32
- Blood Borne - Page 17 of 32

## 3 Consultation

### 3.1. Stakeholder involvement

3.1.1. Stakeholder Analysis was carried out and the document was circulated for feedback from HSE Occupational health Clinical Advisory Group, Occupational Health Physician (OHP) Steering Group, Directors of Human Resources, Assistant National Director of Human Resource, Hospital Group CEO, Hospital Group Hospital Group Directors of HR (under the heading of Senior Manager and Senior Hospital Mangers.

### 3.2 External review

Not applicable

## 4 National implementation plan

4.1 Guidance and training on the Procedure will be available for Occupational Health in the form of an online information session.

4.2 Further guidance for all stakeholders will be available on [www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/rehabilitation/](http://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/rehabilitation/)

## 5 Governance and approval

5.1.1 The governance and approval arrangements rest with Director of Workplace Health & Wellbeing. The Procedure for Occupational Health (OH) In HSE Sick Pay Schemes & Long Term Absence Benefit Scheme was

commissioned by Dr Grant Jeffrey (Director of Workplace Health & Wellbeing Unit).

- 5.1.2 Following development of this procedure, a Checklist was used in assessing that the procedure met the standards outlined in How to Develop HSE National PPPGs – A Practical Guide, and signed and dated by the Chairperson of the Development Group.
- 5.1.3 The Working Group for the Role of Occupational Health in HSE Sick Pay Scheme recommended the Procedure with a signed and dated copy of the Checklist.
- 5.1.4 The final document and Checklist was submitted to Dr Grant Jeffrey for sign off.
- 5.1.5 Once approved, the final version was converted to a PDF document to ensure the integrity of the Procedure and uploaded to the HSE National Central Repository.
- 5.1.6 A signed and dated copy of the Checklist was attached to the master copy, which is retained with Dr Grant Jeffrey.

## **6 Communication and dissemination plan**

- 6.1.1 The document can be accessed only on the [HSE National Central Repository](#) which is the single trusted source for accessing, storage and document control. Only the link to the document on the Repository should be used on other locations. This link will automatically update in all locations if changed on the Repository.
- 6.1.2 There will be wide communication of the Procedure, including broadcasts, newsletters nationally and direct communication to Human Resources, Occupational Health and Management, with a requirement for all employees to be made aware of the policy.
- 6.1.3 Further information and guidance on these procedures will be available at Workplace Health & Wellbeing unit.

## 7 Sustainability

### 7.1 National monitoring and audit

The governance for monitoring, audit & evaluation will be under the Director of the Workplace Health & Wellbeing Unit (WHWU). The national audit tool will be used in assessing the following:

1. Number of Critical Illness Protocol (CIP) completed using template
2. Number of Temporary Rehabilitation Remuneration (TRR) completed using template
3. Number of Injury Grant Scheme completed using template
4. Number of Serious Physical Assault Scheme completed using template

## 8 Review / update

### 8.1 Next review date

- 8.1.1. A review team will be appointed by the National Clinical Lead to arrange a review of the policy in 3 years, or sooner should new evidence emerge.
- 8.1.2. The data collected through the evaluation process will be used to inform the review process

## 9 References

### 9.1. HSE Policies

- HSE Managing Attendance Policy & Procedure
- HSE Long Term Absence Benefit Schemes Guidelines
- HSE Rehabilitation of Employees Back to Work After Illness or Injury Policy
- HSE Policy for Prevention and Management of Stress in the Workplace
- HSE Policy for Preventing & Managing Critical Incident Stress
- HSE Incident Management Framework
- HSE Data Protection Policy
- HSE National Consent Policy
- HSE Corporate Safety Statement
- HSE Public Service Sick Leave Scheme Critical Illness Protocol Managerial Discretion Guidelines for the Health Service

## 10 Appendices

### Appendix 1: Report Templates

#### Template for Critical Illness Protocol (CIP) Report



Department of Occupational Health  
 Health Service Executive – Insert  
 Insert  
 Telephone: Insert  
 Email: Insert

#### CRITICAL ILLNESS PROTOCOL (CIP) SCHEME.

Name :	Location :
Date of Birth :	Department :
Personnel Number :	Job Title :
<p>The above named employee had an occupational health assessment on .././..... with regards to the medical criteria for the <b>Critical Illness Protocol (CIP) Scheme</b>.</p> <p>Based on the available medical information, my opinion is as follows (circled) :</p> <ol style="list-style-type: none"> <li>1. <u>Fitness for work</u> :</li> <li>2. <u>Standard recovery time for this medical condition</u> :</li> <li>3. <u>Presence of Medical conditions that prolongs recovery</u> : Yes/ No</li> <li>4. <u>Presence of Medical complications that prolongs recovery</u> : Yes/No</li> <li>5. <u>Does this employee meet any of the below Medical criteria</u> : Yes/No                         <ol style="list-style-type: none"> <li>a. <i>Acute life threatening physical illness</i></li> <li>b. <i>Chronic progressive illness, with well-established potential to</i></li> </ol> </li> </ol>	

*reduce life expectancy*

- c. Major physical trauma ordinarily requiring corrective acute operative surgical treatment*
- d. In-patient or day hospital care of 10 consecutive days or greater. In the case of pregnancy related illness or an assisted pregnancy related illness, this requirement is reduced to 2 or more consecutive days of in-patient hospital care.*

The final decision on Critical Illness Protocol applications lies with management. Critical Illness Pay may also still be awarded under the Critical Illness Protocol Management Discretion Guidelines.

Signed,

\_\_\_\_\_

Specialist Occupational Health Physician/ Occupational Health Physician

MCRN :

Date :

Stamp

**Template for Temporary Rehabilitation Remuneration (TRR) Report**



Department of Occupational Health

Health Service Executive – Insert

Telephone: Insert

Email: Insert

**TEMPORARY REHABILITATION REMUNERATION (TRR) SCHEME.**

Name :	Location :
Date of Birth :	Department :
Personnel Number :	Job Title :
<p>The above named employee had an Occupational Health assessment on .././.... for the purpose of assessing eligibility for <b>Temporary Rehabilitation Remuneration (TRR) Scheme</b>.</p> <p><u>Based on the available medical information, my opinion regarding fitness is as follows :</u></p> <p><u>Reasonable prospect of employee returning to work and providing a regular &amp; effective service</u> : Yes/No</p> <p>As per <i>Long-term absence, benefit schemes 2012 Guidelines</i>, the payment of Temporary Rehabilitation Remuneration (TRR) pay is a management decision.</p> <p>Signed,</p> <p>_____</p> <p>Specialist Occupational Health Physician/ Occupational Health Physician</p> <p>MCRN :</p> <p>Date :</p> <p>Stamp :</p>	



**Template for Injury Grant Scheme Report**



Department of Occupational Health  
 Health Service Executive – Insert  
 Telephone: Insert  
 Email: Insert

**INJURY GRANT SCHEME**

Name :	Location :
Date of Birth :	Department :
Personnel Number :	Job Title :

The above named employee had an Occupational Health assessment on .././.... for the purpose of assessing eligibility for **Injury Grant Scheme**.

Based on the available medical information, my opinion is as below :

1. Fitness for work :
2. Expected return to work date/timeframe :

As per *Long-term absence, benefit schemes 2012 Guidelines*, the payment of Injury Grant Scheme pay is a management decision.

There is no established rating scale for 'Degree of Impairment'

Signed ,

\_\_\_\_\_

Specialist Occupational Health Physician/ Occupational Health Physician

MCRN :

Date :

**Template for Serious Physical Assault Scheme Report**



Department of Occupational Health  
 Health Service Executive – Insert  
 Telephone: Insert  
 Email: Insert

**SERIOUS PHYSICAL ASSAULT SCHEME**

Name :	Location :
Date of Birth :	Department :
Personnel Number :	Job Title :

The above named employee had an Occupational Health assessment on .././.... for the purpose of assessing eligibility for the **Serious Physical Assault scheme**.

Based on the available medical information, my opinion is as below :

1. Fitness for work :
2. Expected return to work date/timeframe : \_\_\_\_\_
3. Reasonable prospect of employee returning to work and providing regular & effective service :

As per *Long term absence benefit schemes 2012 Guidelines*, the payment of Serious Physical Assault Scheme pay is a management decision.

Signed & Stamped ,

\_\_\_\_\_

Specialist Occupational Health Physician/ Occupational Health Physician

MCRN :

Date :

Stamp

## Appendix 2: Membership of Development Group


<b>Membership of Working Group for the Role of Occupational Health in HSE Sick Pay Scheme</b>	
<b>Name</b>	<b>Role and position</b>
Dr Sujil Jacob	Chairperson
Dr Aoife Ni Dhuthaigh	Occupational Health Physician
Dr Conor McDonnell	Occupational Health Physician
Ms. Deborah Moriarty	Rehabilitation Lead
Dr Fiona M Graham	Occupational Health Physician
Dr Kevin O'Sullivan	Occupational Health Physician
Dr Mary McMahan	Occupational Health Physician
Dr Mohammed Musa	Occupational Health Physician
Dr Sasha Hennessy	Occupational Health Physician
Dr Tom Gaffney	Occupational Health Physician
Dr Zakiah Amir	Occupational Health Physician

### Appendix 3: Membership of Approval Governance Group

Membership of Approval Governance Group	
Name	Role and position
Dr Grant Jeffrey	Director of the Workplace Health & Wellbeing Unit

### Sign-off by Chair of Approval Governance Group

[Name of National 3PG] was formally ratified and recorded in the minutes of the Approval Governance Group on dd/mm/yyyy.

<b>Name: (print)</b>	Dr. Grant Jeffrey
<b>Title:</b>	Director of the Workplace Health & Wellbeing Unit
<b>Signature: (e-signatures accepted)</b>	
<b>Registration number: (if applicable)</b>	425511

### Appendix 3: Implementation Plan

National 3PG Title: Procedure For Occupational Health (OH) In Hse Sick Pay Schemes & Long Term Absence Benefit Scheme					
Expected date of implementation					
Implementation Plan					
IMPLEMENTATION ACTION	Implementation barriers / enablers	List of tasks to implement the action	Lead responsibility for delivery of the action	Expected completion date	Expected outcomes
Cascade to local services for implementation	Not applicable	Memo	Director of Workplace health & wellbeing unit		Immediate implementation
<p><b>Describe the structure and governance of your implementation team.</b></p> <p>Director of Workplace Health &amp; wellbeing unit</p> <p><b>Education / training required to implement the National 3PG:</b></p> <p>Not applicable</p>					

Adapted from National Clinical Effectiveness Committee (NCEC) Implementation Guide and Toolkit (Department of Health 2018)

## Appendix 5: National Audit Tool

### Methodology

**Population:** Occupational Health Services

**Sampling:** All services

**Frequency:** Annually

**Method:** Record **Y** for **Yes**, if the criteria are met. Record **N** for **No**, if criteria are not met or **N/A** for **Not applicable**.

**Compliance requirement:** 100 %

Is standard/criteria being met for the following statements:	Yes	No	N/A	Evidence
Number of Critical Illness Protocol (CIP) completed using template				
Number of Temporary Rehabilitation Remuneration (TRR) completed using template				
Number of Injury Grant Scheme completed using template				
Number of Serious Physical Assault Scheme completed using template				
Date of Audit:				
Audited by (name/title):				
Compliance Rate %:				
<b>Calculation of Compliance Rate %:</b>				

