



Rehabilitation of Employees Back to Work After Illness or Injury Policy & Procedure:

Is this document a:

Policy Procedure Protocol Guideline

Workplace Health and Wellbeing Unit, National HR Division, HSE

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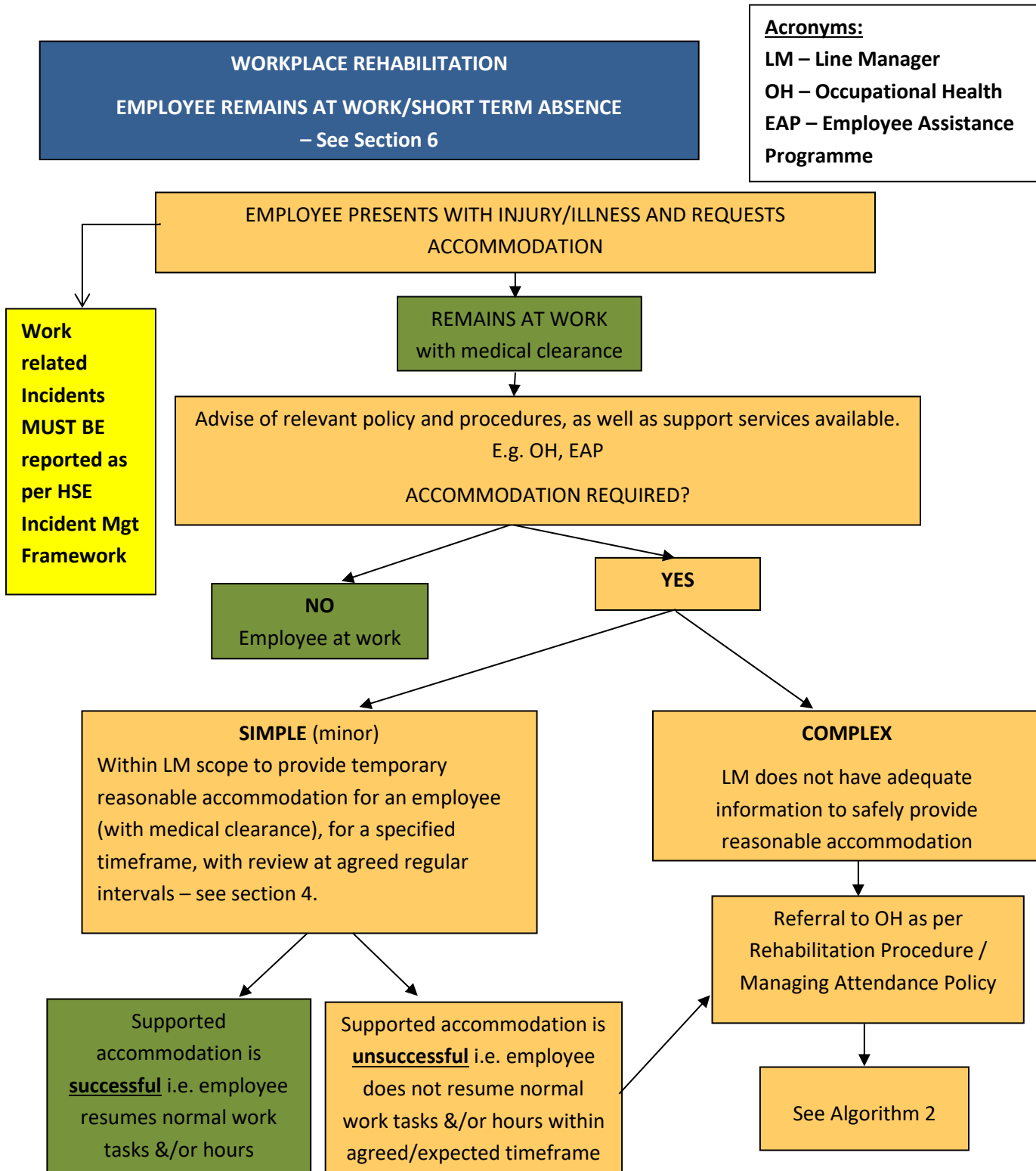
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PART A: Outline of PPPG Steps

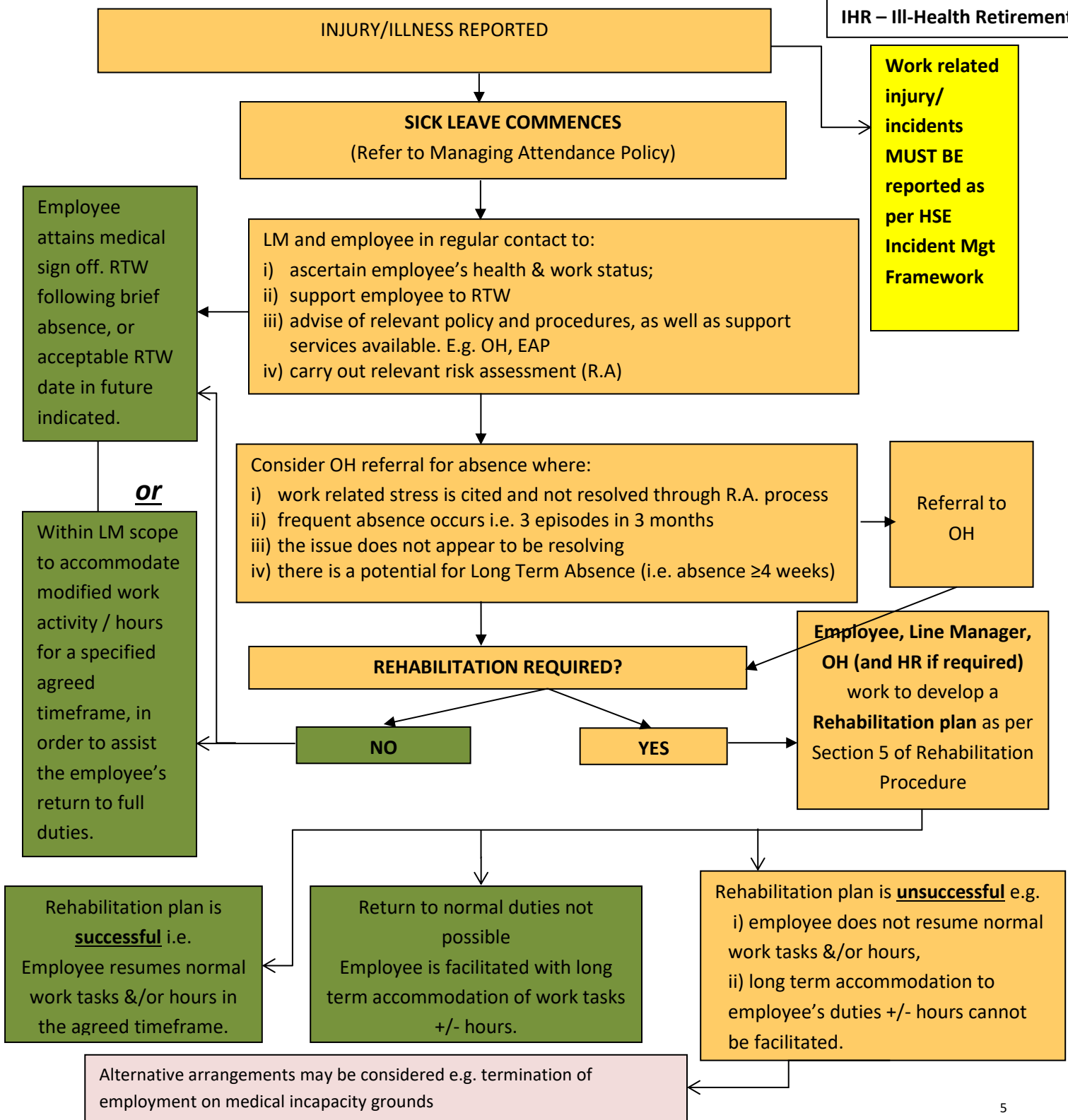
Algorithm 1: Workplace Rehabilitation: Employee Remains at Work OR Short term absence



Algorithm 2: Workplace Rehabilitation: Employee Absent from Work

**WORKPLACE REHABILITATION:
EMPLOYEE ABSENT FROM WORK – See Section 7**

Acronyms:
 HR – Human Resources
 LM – Line Manager
 OH – Occupational Health
 RA – Risk Assessment
 RTW – Return to work
 IHR – Ill-Health Retirement



1.0 Purpose

This policy is the first revision of the HSE 'Rehabilitation of employees back to work after illness or injury Policy and Procedure', which was approved in 2011. This policy is being reviewed and revised to bring it in line with international evidence-based best practice in the area of workplace rehabilitation.

The purpose of this national policy is to:

- Describe the commitment the HSE provides to all sick/injured employees
- Provide a framework to support an employee to remain at work or to enable an early and safe return following an illness/injury
- Support other HSE PPPGs such as the Managing Attendance Policy and Long-Term Absence Benefit Scheme Guidelines
- Provide guidelines to managers, employees, Occupational Health services, rehabilitation professionals and HR departments on conducting workplace rehabilitation in order to assist employees affected by both work and non-work related injuries/illnesses to recover and perform duties for which they are employed

2.0 Scope

This policy applies to all employees of the Health Service Executive:

- Employees with both work-related and non-work related injury and illnesses
- Other stakeholders who may participate in the process such as managers, HR specialist, Occupational Health service providers, other Health Professionals, rehabilitation professionals

3.0 Objective(s)

- The HSE recognises that there are substantial benefits both to the employee and employer from being at work and is committed to having a safe, managed rehabilitation process to ensure optimal outcomes for employees who are injured or ill.
- The policy provides a process which can enable employees to stay at work or support employees to return to work within a safe and structured process following injury or illness, so far as reasonably practicable
- This is a collaborative process between the employee, manager and other stakeholders in order to reach the best outcome.

4.0 Glossary of Terms

| Item | Definition |
|-----------------------------------|---|
| Alternative employment options | Where the employee is unfit for their substantive post, alternative employment options may be examined. These are posts which are broadly comparable to that previously held in terms of the duties of the post, and the knowledge, skills and experience required. Job demands for the alternative employment option would need to be considered by Occupational Health in order to assess fitness for this post. Suitability for a post will be determined on a case by case basis. |
| HSE Incident Management Framework | The Framework outlines key principles and elements of a responsive and proportionate approach to the management of an incident i.e. from the prevention of incidents to learning from incidents which have occurred. |
| Maximum Medical Improvement | Maximum Medical Improvement (MMI) occurs when an injured employee reaches a state where his or her condition is unlikely to be improved any further or when a treatment plateau in a person's healing process is reached. |
| Other Health 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. These may include but are not limited to Chartered Physiotherapists, Occupational Therapists, psychological services, other Occupational Health professionals and other medical practitioners |
| PPPG | Policies, Procedures, Protocols and Guidelines |
| 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, or that constitutes a disproportionate burden to the service |
| Rehabilitation Case Manager | Case manager in the HSE Workplace Health & Wellbeing Unit. May be consulted by senior HR for complex cases or where there may be conflicting medical opinions |
| Rehabilitation Plan | A set process developed for an employee to facilitate them to stay or return to work |

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| Treating Medical Practitioner | Usually the employees GP, or may be another medical practitioner such as a Specialist. |
| Stakeholders | In the context of this policy, stakeholders may include the employee, line managers, senior management, co-workers, Occupational Health professionals, HR professionals, other health professionals |
| Workplace | The workplace includes, but is not limited to, the physical <u>work site</u> , restrooms, cafeterias, training sessions, business travel, conferences, work-related social gatherings, etc. |
| HSE Workplace, Health & Wellbeing Unit | Workplace Health & Wellbeing provides high quality employee support services and the necessary PPPGs for HSE employees, to ensure they can continue to be physically and emotionally well throughout their working life. |
| 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. |

5.0 Roles and Responsibilities

5.1 Employer Responsibilities

The HSE is responsible for:

- 5.1.1 Developing, reviewing and updating the policy for the Rehabilitation of Employees Back to Work after Illness or Injury.
- 5.1.2 Communicating the policy to all employees in the HSE
- 5.1.3 Preventing injury and illness by providing a safe and healthy working environment in accordance with the Health, Safety and Welfare at Work Act 2005 and the regulations under this act.
- 5.1.4 Provide training to stakeholders on the HSE Incident Management Framework for the management of injuries and incidents
- 5.1.5 Ensuring that rehabilitation is the normal practice and an expectation in the workplace.
- 5.1.6 Ensure where practicable, that resources are available for services to provide reasonable accommodation, with the aim to return the employee to normal duties.
- 5.1.7 Consulting with employees and, where appropriate, treating medical practitioners to ensure that the workplace rehabilitation procedures operate effectively and safely.
- 5.1.8 Establishing a collaborative approach for workplace rehabilitation with stakeholders in the development, implementation and evaluation of the process.

- 5.1.9 Ensuring employees are not disadvantaged by participating in workplace rehabilitation.
- 5.1.10 Respecting the rights and the confidentiality of employees.

5.2 Line Manager Responsibilities

- 5.2.1 Ensure dissemination of this policy to all employees and outline the process to be followed should an injury/illness occur.
- 5.2.2 Assist in the prevention of workplace illness and injuries by implementing HSE health and safety policies and a process of risk assessment
- 5.2.3 In the case of work-related injuries or illnesses, ensure that the injury/illness 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. See section 9 for the 'HSE Incident Management Framework'.
- 5.2.4 Provision of appropriate induction, training and instruction to employees
- 5.2.5 Management of work activities in accordance with relevant HSE PPPGs (see section 9 for some relevant policies)
- 5.2.6 Ensuring HSE systems for the identification and reporting of hazards are adhered to and appropriate actions taken.
- 5.2.7 Ensuring information on workplace rehabilitation is part of the new employee induction process.
- 5.2.8 To be aware of circumstances where an injured or ill employee may need rehabilitation and refer to this policy.
- 5.2.9 Ensure timely referral to the Occupational Health Department using the HSE Management Referral Form and/or the Employee Assistance Programme if required.
- 5.2.10 Investigate opportunities for reasonable accommodation where restrictions are medically recommended, ensuring first that they have the full details of these restrictions.
- 5.2.11 Document and communicate the process undertaken, including details why reasonable accommodation can or cannot be provided.
- 5.2.12 Maintain contact with the employee on a regular basis during their absence (See www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/rehabilitation/ for guidance on communicating during sickness absence).
- 5.2.13 Liaise closely with the Occupational Health Department throughout the rehabilitation process as appropriate, while respecting and maintaining the confidentiality of those processes.
- 5.2.14 Provide information to Occupational Health about the job demands, as requested by Occupational Health. A Job Demands Form may be used for this process – see section 9.

- 5.2.15 Develop a Work Rehabilitation Plan in collaboration with the employee, Occupational Health and other relevant Health Professionals, ensuring the duties are meaningful and based on the medical recommendations. See 'Work Rehabilitation Plan' form, section 9.
- 5.2.16 Ensure rehabilitation in the workplace is provided as soon as is practicable so that the employee's maximum physical, psychological and social potential can be restored.
- 5.2.17 Communicate plan with the employee's co-workers to ensure the employee is adequately supported, while confidentiality maintained.
- 5.2.18 Conduct a return-to-work meeting in accordance with the Managing Attendance Policy and Procedure.
- 5.2.19 Seek additional internal support and advice as appropriate. E.g. from service management, Human Resources, Occupational Health services.
- 5.2.20 Monitor the employee's progress in relation to the plan.
- 5.2.21 Maintain accurate records of hours and type of duties worked by the employee to provide to the Occupational Health Department.
- 5.2.22 Maintain confidentiality of information received including appropriate storage and handling of documentation, in line with the HSE Data Protection Policy - see section 9.
- 5.2.23 Advise employees of relevant sick leave schemes and/or associated schemes – see section 9 for relevant policies

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. See Corporate Safety Statement, section 9.
- 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, GP or Emergency Department.
- 5.3.3 Report any injury that occurs at work to the line manager immediately or as soon as possible in line with the Incident Management Framework
- 5.3.4 Comply with this and other HSE policies including the Managing Attendance Policy, Long-Term Absence Benefit Schemes Guidelines, and any other relevant processes.
- 5.3.5 Actively participate in any Occupational Health processes or recommendations and engage in the rehabilitation plan in order to resume normal duties as soon as practicable after illness or injury in accordance with medical advice.
- 5.3.6 Keep in regular contact with the line manager and inform of any improvement or deterioration in condition or unexpected issues arising, which may affect fitness for

work. (See www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/rehabilitation/ for guidance on communicating during sickness absence)

- 5.3.7 Advise treating Medical Practitioner of the availability of a rehabilitation plan and request their support with the process if required.

5.4 Occupational Health Service Responsibilities

- 5.4.1 Assist the injured/ill employee to remain at work or return to work, consistent with available medical advice.
- 5.4.2 Adhere to HSE Data Protection Guidelines and National Consent Policy (see section 9) to ensure strict confidentiality in managing employee data and medical information.
- 5.4.3 Obtain written consent from the employee to communicate with relevant healthcare professionals involved in their care regarding their medical condition and limitations.
- 5.4.4 Obtain as much information as possible about the employee's role and component tasks of their job from the management referral form, the job description and/or the Job Demands form.
- 5.4.5 Assess the individual employee and liaise with their line manager in planning the Rehabilitation Plan.
- 5.4.6 Obtain the support of the treating Medical Practitioner by sharing information about the job demands and by requesting further information if necessary, with employee consent.
- 5.4.7 Assess the injured/ill employee at appropriate intervals to ensure that the employee receives optimal care such as specialist investigations/specialist opinion and provide recommendations to the employee regarding further medical assessment and treatment as appropriate.
- 5.4.8 Provide an Occupational Health report to the referring manager to outline fitness for work, including recommendations on accommodations and provide support and advice as the rehabilitation plan progresses. Complete the 'Current Abilities' section of the Job Demands form, as necessary (see section 9).
- 5.4.9 Review employees who are participating in a rehabilitation plan, to assess progress and fitness to return to normal duties. On-going restrictions/absences will be reviewed on a three monthly basis or sooner if required.

5.5 Other HSE Health Professional Responsibilities

- 5.5.1 Provide timely interventions, based on assessed needs and in line with best practice.
- 5.5.2 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, with the employee's consent.

- 5.5.3 Provide reports as indicated or requested by employee consent in relation to the employee's rehabilitation progress.
- 5.5.4 Participate in case conferences as required with the consent of the employee.
- 5.5.5 When applicable and appropriate, to assess aspects of the workplace in respect of contributing factors to the employee's condition and advise accordingly.
- 5.5.6 Adhere to HSE Data Protection Guidelines and National Consent Policy (see section 9) to ensure strict confidentiality in managing employee data and medical information.

5.6 Service HR Responsibilities

- 5.6.1 Communicate this policy and what to expect when an illness or injury occurs to all employees within the service area.
- 5.6.2 Support and advise line managers on their roles and responsibilities in relation to the Managing Attendance policy and this policy.
- 5.6.3 Support the manager and employee in devising rehabilitation plans, where HR input has been requested.
- 5.6.4 Investigate alternative employment options where necessary. Information disclosed during this process must be with the consent of the employee e.g. information about the employee's disability and restrictions required.
- 5.6.5 Promote the Managing Attendance Policy and Procedure.
- 5.6.6 Advise employees of available support services such as Occupational Health, Employee Assistance Programme, Coaching service
- 5.6.7 Maintain confidentiality of information received including appropriate storage and handling of documentation, in line with the HSE Data Protection Policy (see section 9).

6.0 Procedure for Workplace Rehabilitation - Employees not requiring on-going absence from work (See Algorithm 1)

Case Example:

An employee sustains a mild strain to their shoulder assisting a patient but the employee's GP says they are fit for work if they can avoid heavy lifting for 2-3 days. The manager can reduce the manual handling task for to support this. However, if the discomfort doesn't resolve they must refer to Occupational Health for further assessment and advice. (see algorithm 2)

- 6.1 All injuries and illness must be reported to the immediate line manager.
- 6.2 Following workplace injuries immediate first aid or medical attention must be provided, if required e.g. first aider, GP or the Emergency Department.
- 6.3 The incident management investigation must be completed and the incident reported on the National Incident Management System (NIMS) in line with the HSE Incident Management Framework.
- 6.4 The manager can refer to Algorithm 1 if the employee has a minor injury/illness and medical clearance to remain at work or return to work within a short period of time, **and** where short-term, simple reasonable accommodation has been requested.
- 6.5 The employee and manager must discuss and agree accommodations and the likely timeline for these. The Work Rehabilitation Plan form may be used for this purpose. See section 7.
- 6.6 If the supported accommodation is unsuccessful i.e. employee does not resume normal work tasks &/or hours within an expected time period, or if further specialist opinion is required, refer the employee to Occupational Health for medical assessment and recommendations.

7.0 Procedure for Workplace Rehabilitation - Employees with injuries or illnesses requiring on-going absence from work (See algorithm 2)

- 7.1 The employee must report all injuries and illness to the immediate line manager.
- 7.2 Following workplace injuries, immediate first aid or medical attention must be provided if required e.g. first aider, GP or the Emergency Department.
- 7.3 The incident management investigation must be completed and the incident reported on the National Incident Management System (NIMS) in line with the HSE Incident Management Framework.
- 7.4 Managing the sickness absence of any employee should be carried out in accordance with the HSE Managing Attendance Policy

- 7.5** The line manager and employee must stay in regular contact to ensure appropriate management, as per Managing Attendance Policy. See section 9 for further guidance regarding communication during absence from work.
- 7.6** The line manager should refer the employee to the Occupational Health service regarding the employee's illness/injury, if appropriate, in accordance with the Managing Attendance Policy and Procedure.
- 7.7** If further information is required the manager may be asked by Occupational Health to provide further details or to complete the Job Demands form - See section 9.
- 7.8** The Occupational Health service may liaise with the employee's own healthcare provider (with appropriate consent). The employee's healthcare provider may be requested for their opinion of fitness for the job demands outlined.
- 7.9** The manager and the Occupational Health service should advise the employee about the HSE Employee Assistance Programme to ensure they are aware of support services during their absence and to support them during their rehabilitation.
- 7.10** Occupational Health may provide advice regarding the need for referral to other relevant health professionals, e.g. physiotherapy occupational therapy, specialists, etc. as indicated.
- 7.11** The Occupational Health Service will provide an opinion regarding fitness for work with or without the need for accommodations and if possible will include a likely timeframe for the accommodations and the schedule for review - See Section 9 for sample Occupational Health Report.
- 7.12** For employees on long-term sickness absence, whom Occupational Health have advised are medically fit to return to work, the manager and employee should engage to agree a Rehabilitation Plan, using the Work Rehabilitation Plan Form, with agreed timeframes. The plan should be developed through collaboration between the employee and manager, with advice from Occupational Health and other stakeholders. This plan will include:
- The goals of the plan
 - Detail of implementation plan based on recommendations from Occupational Health
 - Detail of the work rehabilitation schedule
 - Agreement on information to be shared with co-workers
 - Details of any training required
 - Anticipated time frame and schedule for review of the plan
- See Work Rehabilitation Plan form for this process – Section 9.2
- 7.13** Following return to work the rehabilitation plan must be reviewed formally on a regular basis as agreed by the employee and manager.
- 7.14** Where it is identified that an employee is not progressing and achieving goals as agreed in the Work Rehabilitation Plan, appropriate additional advice must be sought. A further Occupational Health review should be arranged and details of the process must be provided by the manager and employee.

- 7.15** If during any period of phased return the employee's health is perceived, by the employee, the line manager or the Occupational Health Department, to be deteriorating, and there is a foreseeable risk to the employee or service, the employee may resume sick leave, and an urgent appointment should be made with the Occupational Health Service.
- 7.16** Recommended investigations or treatment must be organised via their treating medical practitioner, carried out within the public health service or through the employee's private health insurance scheme.
- 7.17** If the employee disagrees with the content of the Occupational Health report they may provide further medical evidence to support their position. Such evidence will be provided at their own expense and within agreed timeframes.
- 7.18** Ongoing disagreement regarding medical assessment can be referred to the HSE Rehabilitation Case Manager in the HSE Workplace Health and Wellbeing Unit with employee consent. (Email hr.wellbeing@hse.ie).
- 7.19** The line manager will liaise with HR regarding the pay/leave arrangements which will apply to the rehabilitation period and will discuss these with the employee. This could include a variety of arrangements including a combination of time worked, annual leave, sick leave or unpaid leave.

8.0 Conclusion of Workplace rehabilitation

8.1 Workplace rehabilitation will conclude when the employee:

- 8.1.1 Resumes all the prescribed duties for the role to which they were appointed
- 8.1.2 Cannot resume all duties, but medically recommended restrictions can be accommodated on a permanent basis within this role by the service.
- 8.1.3 Following ongoing medical assessment by Occupational Health, is considered to gain minimal or no benefit from continued workplace rehabilitation.
- 8.1.4 Fails to engage in or comply with rehabilitation process. This will lead to the application of the Managing Attendance Policy.

8.2 In the event that the employee is unable to return to work in their substantive position, options for suitable alternative duties, or alternative employment options will be fully explored.

8.3 In certain circumstances, despite best efforts, the employee will not be fit or able to resume his/her current position and efforts at providing reasonable accommodations such as modifications to the role, or alternative employment options are not feasible or successful. In such situations, termination on grounds of medical incapacity/ill health may arise.

8.4 Occupational Health will advise if an employee has, in their opinion, reached Maximum Medical Improvement, and is permanently medically unfit for their role or any alternative role as outlined by the manager.

- 8.5** The manager should engage with the employee about the process to be followed and should seek advice from the Human Resources department as appropriate. The employee may be offered support through the Employee Assistance Programme
- 8.6** For cases where the employee disputes the medical opinion of the Occupational Health Service, refer to sections 7.17 and 7.18.

9.0 Relevant Policies, Forms and Guidance

9.1 Relevant Policies include

- 9.1.1 HSE [Managing Attendance Policy](#)
- 9.1.2 HSE [Long Term Absence Benefit Schemes Guidelines December](#)
- 9.1.3 HSE [Policy for Prevention and Management of Stress in the Workplace.](#)
- 9.1.4 HSE [Policy for Preventing & Managing Critical Incident Stress](#)
- 9.1.5 HSE [Incident Management Framework](#)
- 9.1.6 HSE [Data Protection Policy](#)
- 9.1.7 HSE [National Consent Policy](#)
- 9.1.8 HSE [Corporate Safety Statement](#)

9.2 Relevant forms and guidance on their use are available on the Workplace Health & Wellbeing Unit website - www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/rehabilitation/ including

- HSE Management Referral Form
- Occupational Health Report
- Job Demands Form
- Work Rehabilitation Plan

Please note, sample forms are available for reference in appendix 1.

PART B: PPPG Development Cycle

10.0 Initiation

10.1 Rehabilitation Policy Review Group

10.1.1 See Appendix III & IV for a list of contributors, including membership of the Rehabilitation Policy Review Group and the Policy Advisory Group

10.1.2 Conflict of Interest Declaration Forms have been completed by all members of the Policy review Group and are held by the Workplace Health & Wellbeing Unit in the HSE. Conflict of interest forms will be completed by all members of the Rehabilitation Policy Review Group and the Rehabilitation Policy Approval Governance Group.

10.2 PPPG Governance Group

10.2.1 See Appendix V for Membership of the Approval Governance Group.

10.3 Supporting Evidence

10.3.1 A literature review was undertaken to collate international evidence on rehabilitation following illness or injury, in order to determine evidence-based practice for the HSE Rehabilitation Policy. A copy of this is available from the Workplace Health & Wellbeing Unit – email hr.wellbeing@hse.ie.

10.3.2 Legislation and regulation publications, which are relevant to the rehabilitation of employees, were referred to during the development of the Policy. In addition, existing policy and standards were referred to.

- HSE Data Protection Policy 2019
- The Employment Equality Acts 1998 - 2015
- The Equal Status Acts 2000 - 2015
- The Disability Act 2005
- The Irish Human Rights and Equality Commission Act 2014
- Safety Health & Welfare at Work Act 2005
- Safety, Health and Welfare at Work (General Application) Regulations 2007 - 2016
- Managing Attendance Policy & Procedures (HSE 2014)
- Long-Term Absence Benefit Scheme Guidelines (HSE 2014)
- HSE National Framework for Developing Policies, Procedures, Protocols and Guidelines (PPPGs) (HSE, 2016)
- National Consent Policy 2019
- Employees with Disabilities (Health and Safety Authority 2009)

- International Good practice in Vocational Rehabilitation: Lessons for Ireland (National Disability Authority 2016)
- Nice Guidelines - Managing long-term sickness and incapacity for work (2009)

10.3.3 This policy replaces the Rehabilitation of Employees Back to Work after Illness or Injury Policy and Procedure 2011.

11.0 Governance and Approval

11.1 Formal Governance Arrangements

11.1.1 Refer to Appendix iv for Membership of the Approval Governance Group

11.1.2 Formal governance for this policy is provided by the National Director of Human Resources.

11.1.3 The Rehabilitation Policy Review Group agreed on terms of reference and work streams at the first meeting

11.2 Methods for assessing PPPG

11.2.1 The HSE National Framework for Developing Policies, Procedures, Protocols and Guidelines (2016) was followed in the review and revision of this policy and standards were adhered to.

11.2.2 The 'Checklist for Developing Non-Clinical PPPGs' is available in the policy masterfile in the WHWU.

12.0 Communication and Dissemination

12.1 There will be wide communication of the policy, including broadcasts, newsletters nationally and direct communication to Human Resources, Occupational Health, Employee Assistance Programme and Management, with a requirement for all employees to be made aware of the policy.

12.2 Further information and guidance on this policy will be available at www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/rehabilitation/

13.0 Implementation

13.1 Information on the policy will be included on the employee induction and the employee handbook.

13.2 Guidance and training on the policy will be available for managers in the form of a webinar.

13.3 Information packs will be available for employees on long-term absence due to illness or injury

13.4 Further guidance for all stakeholders will be available on www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/rehabilitation/

14.0 Monitoring, Audit and Evaluation

14.1 Each service area must monitor implementation of the Policy through the auditing and review of local cases.

14.2 Evaluation of the policy will be carried out by WHWU and will be available on the unit annual report.

14.3 Outcomes of rehabilitation will be included in the specifications for a proposed National Occupational Health IT System

14.4 Data from HSE absenteeism records and the National Incident Management System (NIMS) figures will be evaluated by WHWU to assess the impact of the process

14.5 WHWU will seek feedback from employees, managers, Occupational Health and other stakeholders involved in the process and this will be used in the revision process.

15.0 Revision/Update

15.1 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

15.2 The data collected through the evaluation process will be used to inform the review process.

16.0 References

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17.0 Appendices


- Appendix I Sample Forms
- Appendix II Signature Sheet
- Appendix III Membership of the PPPG Development Group
- Appendix IV Rehabilitation Policy Advisory Group
- Appendix V Membership of the Approval Governance Group

17.1 Appendix I: Sample Forms

Sample Job Demands Form




Job Demands / Current Abilities Form



Employee name: _____ D.O.B: _____
 Job title: _____ Service/Department: _____
 Line Manager name: _____

The Job demands form will be used by Occupational Health or other medical practitioner to provide recommendations on fitness for work. The manager is requested to complete sections 2 and 3. The employee will be given an opportunity to review the completed document and suggest changes. Occupational Health will complete sections 4 & 5. The completed form can be used to develop a return to work plan, using the 'Work Rehabilitation Plan' form.

| 1. Job demands | 2. Tick if Required | 3. Description (if job demand is required) Yes | 4. Restricted | | 5. Current Abilities |
|---------------------------------------|---------------------|--|---------------|----|----------------------|
| | | | Yes | No | |
| Physical | | | | | |
| Walking | | | | | |
| Kneeling/squatting | | | | | |
| Balancing | | | | | |
| Climbing stairs/ladders | | | | | |
| Lifting/carrying | | | | | |
| Pushing/pulling | | | | | |
| Prolonged standing- specify duration | | | | | |
| Prolonged sitting- specify duration | | | | | |
| Reaching- above/below shoulder | | | | | |
| Use of both upper limbs | | | | | |
| Fine finger dexterity | | | | | |
| Other: please specify | | | | | |
| Cognition/communication | | | | | |
| Concentrating for long periods | | | | | |
| Paying attention to detail | | | | | |
| Working in distracting environments | | | | | |
| Multi-tasking | | | | | |
| Remembering information | | | | | |
| Verbal communication | | | | | |
| Display Screen Equipment use | | | | | |
| Reading/writing/recording information | | | | | |
| Ability to write | | | | | |
| Using numerical skills | | | | | |
| Supervising others | | | | | |
| Managing others | | | | | |
| Other: please specify | | | | | |





Job demands / Current Abilities Form



| Psychosocial | | | | | |
|---------------------------------------|--|--|--|--|--|
| Dealing with a crisis/problem solving | | | | | |
| Dealing with confrontation/aggression | | | | | |
| Dealing with emotional situation | | | | | |
| Managing changing circumstances | | | | | |
| Other: please specify | | | | | |
| Other | | | | | |
| Shift work/night shift/on-call | | | | | |
| 12 hour shifts | | | | | |
| Working under time pressure | | | | | |
| Lone working | | | | | |
| Patient handling | | | | | |
| Other: please specify | | | | | |
| Environment | | | | | |
| Working outside | | | | | |
| Extremes of temperature | | | | | |
| Atmospheric conditions | | | | | |
| Exposure to hazardous substances | | | | | |
| Use of machinery | | | | | |
| Vehicle driving at work | | | | | |
| Working at heights | | | | | |
| Excessive noise | | | | | |
| Other: please specify | | | | | |

Further relevant information:

Sections 2 & 3 completed by:
 Signature: Line Manager _____ Date: _____ Employee: _____ Date: _____
Sections 4 & 5 completed by Occupational Health:
 Signature: _____ Date: _____ MCRN: _____



Sample Work Rehabilitation Plan



Work Rehabilitation Plan

To be completed by Line Manager in consultation with the Employee before return to work

Employee name: _____ D.O.B: _____
Job title: _____ Department: _____

A: Goal of Work Rehabilitation plan: _____

B: Detail of Implementation plan of proposed recommendations from Occupational Health:

| Recommendation | Implementation | Responsibility |
|----------------|----------------|----------------|
| | | |
| | | |
| | | |
| | | |

C: Detail of Work Rehabilitation schedule (hours per week and number of weeks):

D: Other:

Does the employee agree to this plan? Yes No
Does the employee consent for the recommendations (but not medical condition) to be discussed with his/her co-workers as required? Yes No
Has the Line Manager discussed payment for the Work rehabilitation period with the employee? Yes No
Other issues discussed: _____

Planned review date: _____

Signed by: Line Manager _____ Date: _____
Employee _____ Date: _____





Work Rehabilitation Plan- Review

To be completed by Line Manager and Employee at specified review date

Employee name: _____ D.O.B: _____
Job title: _____ Department: _____

E: Review of Plan

Date of review meeting: _____ Attendees: _____

| | |
|---|--|
| Were recommendations implemented as planned (if not please specify reasons) | |
| Outline any updates to the plan, including changes of person responsible | |
| Other comments/issues raised | |
| Next review date | |

Date of review meeting: _____ Attendees: _____

| | |
|---|--|
| Were recommendations implemented as planned (if not please specify reasons) | |
| Outline any updates to the plan, including changes of person responsible | |
| Other comments/issues raised | |
| Next review date | |

Please reprint page for further reviews.



Sample Occupational Health Report



OCCUPATIONAL HEALTH REPORT TO MANAGEMENT



STRICTLY PRIVATE & CONFIDENTIAL

| | | | |
|--|--|--|--|
| A. To: _____ Referring Manager | | Copy To: _____ HR Dept | |
| B. Employee Details Name: _____ Date of Birth: _____ Address: _____ Position: _____ Department: _____ | | | |
| C. Appointment Details: <input type="checkbox"/> Attended appointment on _____ <input type="checkbox"/> Employee cancelled appointment for _____ <input type="checkbox"/> Failed to attend on _____ | | <input type="checkbox"/> Will / will not be sent another appointment. <input type="checkbox"/> Please re-refer if another appointment required. | |
| D. Outcome: <input type="checkbox"/> Fit for all duties of current job. <input type="checkbox"/> Fit to return to work on the (enter date if appropriate) _____ as per: <input type="checkbox"/> Recommendations detailed in Job Demands and Current Abilities form <input type="checkbox"/> Recommendations detailed in comments – (section G) <input type="checkbox"/> Previous recommendations <input type="checkbox"/> Unfit for all duties until next review. <input type="checkbox"/> Has reached maximum medical improvement and is permanently unfit for this role. | | | |
| E. <input type="checkbox"/> Is fit to attend a meeting with management. | | | |
| F. <input type="checkbox"/> Has no health problem that is likely to recur or affect future attendance and is likely to provide a regular and efficient service in the future <input type="checkbox"/> Has a health problem that is likely to recur or affect future attendance | | | |
| G. Comments: _____ _____ _____ _____ | | | |
| H. Follow-up: <input type="checkbox"/> Is recommended for medical reassessment (OHD <input type="checkbox"/> / Other specialist opinion sought <input type="checkbox"/> <input type="checkbox"/> An appointment will be made with the _____ for _____ Weeks <input type="checkbox"/> Months <input type="checkbox"/> <input type="checkbox"/> Is discharged from Occupational Health | | | |
| I. Signature: _____ | | Date: _____ | |
| Print name: _____ | | MCRN/PI# _____ | |
| Title: _____ | | | |

* Implementation of these recommendations is ultimately a management decision.



17.2 Appendix II: Signature Sheet

*I have read, understand and agree to adhere to the Rehabilitation of Employees Back to Work after Illness or Injury Policy **HSP:018:00**:*

| Print Name | Signature | Area of Work | Date |
|-------------------|------------------|---------------------|-------------|
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17.3 Appendix III: Rehabilitation Policy Review Group

| | |
|---------------------|--|
| Ms Deborah Moriarty | Rehabilitation Case Manager, Workplace, Health and Wellbeing Unit |
| Ms Sile McManus | HR Manager, Workplace, Health and Wellbeing Unit |
| Ms Bernie Barry | CNM3, Occupational Health, St Lukes Radiation Oncology Network |
| Ms Eilish Fairless | CNM 2, Occupational Health, Our Lady's Children's Hospital, Crumlin. |
| Ms Aine Flanagan | CNS, Occupational Health, CHO 1 |
| Ms Julie Flanagan | Senior Occupational Therapist, National Rehabilitation Hospital |
| Ms Edel McCall | CNS, Occupational Health, Our Lady's Hospice and Care Services |
| Ms Michelle McNeill | Manual Handling & Ergonomics Advisor, Occupational Health, CHO 1 |
| John Whelan | Risk Manager, Royal Victoria Eye & Ear Hospital |

Chairperson:

| | |
|-----------------|---|
| Dr Lynda Sisson | National Clinical Lead in Workplace, Health and Wellbeing |
|-----------------|---|

All members of the Policy Review Group have declared no conflict of interest




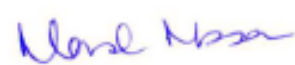
17.4 Appendix IV - Rehabilitation Policy Advisory Group

| | |
|---------------------|--|
| Dr Lynda Sisson | National Clinical Lead in Workplace, Health and Wellbeing |
| Ms Sile McManus | HR Manager, Workplace, Health and Wellbeing Unit |
| Ms Deborah Moriarty | Rehabilitation Case Manager, Workplace, Health and Wellbeing Unit |
| Norah Mason | Assistant National Director of Human Resources, Employee Relations |
| Anna Killilea, | Senior Executive, HSE -Corporate Employee Relations |
| Mary Ruane | HR Executive, HSE -Corporate Employee Relations |

17.5 Appendix V: Membership of the Approval Governance Group

17.5 Appendix V: Membership of the Approval Governance Group

Please list all members of the relevant approval governance group (and title) who have final approval of the PPPG document.

| | |
|---|---|
| <p>Ms Anne Marie Hoey National Director of Human Resources</p> | <p>Signature: <u></u> Date: <u>25.06.2020</u></p> |
| <p>Dr Lynda Sisson National Clinical Lead in Workplace, Health and Wellbeing. Assistant National Director of Human Resources, Strategy and Planning</p> | <p>Signature: <u></u> Date: <u>25.06.2020</u></p> |
| <p>Ms Edna Hoare Assistant National Director of Human Resources, Modernisation and Efficiency</p> | <p>Signature: <u></u> Date: <u>26.06.2020</u></p> |
| <p>Ms Norah Mason Assistant National Director of Human Resources, Employee Relations</p> | <p>Signature: <u></u> Date: <u>26.06.2020</u></p> |