 HSE Rehabilitation of Employees with Illness or Injury Policy & Procedure	
NATIONAL: Policy <input checked="" type="checkbox"/> Procedure <input checked="" type="checkbox"/> Protocol <input type="checkbox"/> Guideline <input type="checkbox"/> Clinical Guideline <input type="checkbox"/>	
DOCUMENT GOVERNANCE ¹	
Document Owner (post holder title):	Chief People Officer
Document Owner name:	Ms Anne Marie Hoey
Document Owner email contact:	nationalhr@hse.ie
Document Commissioner(s): (Name and post holder title):	Ms Anne Marie Hoey - Chief People Officer
Document Approver(s): (Name and post holder title):	See appendix IV
Lead responsibility for national implementation:	Ms Anne Marie Hoey - Chief People Officer
Lead responsibility for national monitoring and audit:	Ms Anne Marie Hoey - Chief People Officer
Development Group Name:	Rehabilitation Policy Review Group
Development Group Chairperson:	Ms Deborah Moriarty
DOCUMENT MANAGEMENT ²	
Date effective from:	23/09/2024
Date set for next review:	01/09/2027
Your Reference No: (if applicable)	HSP:018:01
Current version no: 2	Archived version no: 1
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.	

¹ Records the senior management roles involved in the governance and development of the document.

² Records the control information about the document.

This is a controlled document and must always be accessed from the [HSE National Central Repository](#). Whilst printing is permitted, printed copies are not controlled. Controlled documents must never be saved to secondary electronic/other locations which are accessible by staff or the public.

VERSION CONTROL UPDATE ³		
Version No.	Date reviewed	Comments
2	23/09/2024	Review and update of all sections and title change to 'HSE Rehabilitation of Employees with Illness or Injury Policy & Procedure'.
1	01/06/2020	Published Title 'Rehabilitation of Employees Back to Work after Illness or Injury Policy & Procedure' Ref HSP:018:00
0	2011	Original published

Document management notes:

Version 2: Title change to 'HSE Rehabilitation of Employees with Illness or Injury Policy & Procedure'.

PUBLICATION INFORMATION ⁴
Title:
HSE Rehabilitation of Employees with Illness or Injury Policy & Procedure:
Topic:
Rehabilitation of employees
National Group:
Workplace Health & Wellbeing Unit
Short summary:
The policy/procedure 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.
Description:
Provide guidelines to managers, employees, Occupational Health services, 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

Table of Contents:

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

⁴ Records the document information required for publication on the HSE National Central Repository.

This is a controlled document and must always be accessed from the [HSE National Central Repository](#). Whilst printing is permitted, printed copies are not controlled. Controlled documents must never be saved to secondary electronic/other locations which are accessible by staff or the public.

PART A: Outline of PPPG Steps	3
1.0 Purpose.....	4
2.0 Scope	4
3.0 Objective(s).....	4
4.0 Glossary of Terms.....	4
5.0 Roles and Responsibilities	7
6.0 Workplace Rehabilitation - Employees not requiring on-going absence from work	13
7.0 Workplace Rehabilitation - Employees with injuries or illnesses requiring on-going absence from work	15
8.0 Conclusion of Workplace rehabilitation	18
9.0 Relevant Policies, Forms and Guidance.....	19
PART B: PPPG Development Cycle.....	22
10.0 Initiation	22
11.0 Governance and Approval.....	23
12.0 Communication and Dissemination.....	24
13.0 Implementation.....	24
14.0 Monitoring, Audit and Evaluation.....	24
15.0 Revision/Update	25
16.0 References.....	26
17.0 Appendices.....	27
Appendix I: Sample Work Accommodation Form.....	28
Appendix II: Signature Sheet	30
Appendix III: Rehabilitation Policy Review Group	31
Appendix IV: Membership of the Approval Governance Group	32

PART A: Outline of PPPG Steps

This is a controlled document and must always be accessed from the [HSE National Central Repository](#). Whilst printing is permitted, printed copies are not controlled. Controlled documents must never be saved to secondary electronic/other locations which are accessible by staff or the public.

1.0 Purpose

The purpose of this national policy is to:

- Describe the commitment the HSE provides to all employees with illnesses or injuries.
- 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 Procedure and Long-Term Absence Benefit Scheme Guidelines.
- Provide guidelines to managers, employees, Occupational Health services, 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 who are in or out of work with both work-related and non-work related injury and illnesses.
- Other stakeholders who may participate in the process such as managers, Human Resources/Employee Relations, Occupational Health service providers, other Health Professionals.

3.0 Objective(s)

- To provide a safe, managed rehabilitation process to ensure optimal outcomes for employees who are injured or ill.
- To 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.
- To promote a collaborative process between the employee, manager and other stakeholders in order to reach the best outcome.

4.0 Glossary of Terms

This is a controlled document and must always be accessed from the [HSE National Central Repository](#). Whilst printing is permitted, printed copies are not controlled. Controlled documents must never be saved to secondary electronic/other locations which are accessible by staff or the public.

<p>Workplace Rehabilitation</p>	<p>A managed process involving early intervention with appropriate, adequate and timely services based on assessed needs and which is aimed at facilitating injured or ill employees in, or returning them to, suitable employment.</p> <p>In this policy workplace rehabilitation refers to the overall processes agreed by the manager and employee with input from other relevant stakeholders which will facilitate an employee to return to work or stay at work. These processes are outlined in sections 6 and 7.</p>
<p>Reasonable accommodation</p>	<p>As per the Employment Equality Acts 1998 to 2021, 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 themselves, or that constitutes a disproportionate burden to the service.</p> <p>‘Reasonable accommodation does not mean that an employer has to recruit, promote, retain or provide training to a person who does not have the capacity to do a particular job. However, an employer cannot decide that a person with a disability is incapable of doing a particular job without considering whether there are appropriate measures which they could take to support the person to carry out the required duties’. (IHREC, 2018)</p> <p>Reasonable accommodations may or may not be required as part of the work rehabilitation</p>
<p>Stakeholders</p>	<p>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</p>
<p>PPPG</p>	<p>Policies, Procedures, Protocols and Guidelines</p>

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.
Treating Medical Practitioner	Usually the employees GP, or may be another medical practitioner such as a Specialist and/or Consultant.
HSE Workplace, Health & Wellbeing Unit	The Workplace Health & Wellbeing Unit (WHWU) provides high quality employee support services and the necessary PPPGs for HSE employees, to ensure they can continue to be well throughout their working life.
Other Health Professionals	<p>Clinical Professionals retained by the Occupational Health service 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 and/or opinion for the issues that may be inhibiting a return to work.</p> <p>These professionals include but are not limited to Chartered Physiotherapists, Occupational Therapists, Employee Assistance Programme and other psychological services, other Occupational Health professionals and other medical practitioners.</p>
Maximum Medical Improvement	Maximum Medical Improvement (MMI) occurs when an employee reaches a state where their condition is unlikely to be improved any further or when a treatment plateau in a person’s healing process is reached.
Alternative employment options	Where the employee is unfit for their substantive post, alternative employment options may be examined. Consideration will be given to the employee’s knowledge, skills and experience. 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 by management.
Work Accommodation Form	Where accommodations are required to facilitate the employee to stay at or return to work a Work Accommodation Form should be completed by the manager in consultation with the employee. This ensures necessary processes are considered and ensures ongoing review of the process is planned. See appendix 1

5.0 Roles and Responsibilities

5.1 Employer Responsibilities

The HSE is responsible for:

- 5.1.1 Preventing injury and illness by providing a safe and healthy working environment in accordance with the Safety, Health and Welfare at Work Act 2005 and the regulations pertaining to this act.
- 5.1.2 Developing, reviewing and updating the policy for the Rehabilitation of Employees with Illness or Injury.
- 5.1.3 Communicating the policy to all employees in the HSE.
- 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 workplace rehabilitation is the normal practice and an expectation in the workplace.
- 5.1.6 Ensuring 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 relevant stakeholders 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.
- 5.1.11 To support the personal health & wellbeing of employees as per [HSE Healthy Ireland Implementation Plan](#). (See section 9 for link to personal health and wellbeing resources).

5.2 Line Manager Responsibilities

- 5.2.1 Assist in the prevention of workplace illness and injuries by implementing HSE health and safety policies and the full implementation of the risk assessment process – see <https://healthservice.hse.ie/staff/health-and-safety/>.
- 5.2.2 Ensure dissemination of this policy to all employees and outline the process to be followed should an injury/illness occur.
- 5.2.3 Follow [Managing Attendance Policy and Procedure](#) for attendance issues.
- 5.2.4 In the case of work-related injuries or illnesses, ensure that the injury/illness is reported in line with the HSE [Incident Management Framework](#), that there is an investigation to determine the cause and that appropriate controls are put in place to prevent a recurrence.
- 5.2.5 Provision of appropriate induction, training and instruction to employees and ensuring information on workplace rehabilitation is part of the new employee induction process.
- 5.2.6 Management of work activities in accordance with relevant HSE PPPGs (see section 9 for some relevant policies)
- 5.2.7 To be aware of circumstances where an injured or ill employee may benefit from workplace rehabilitation and refer to this policy.
- 5.2.8 Ensure timely referral to the [Occupational Health Service](#), in line with Managing Attendance Policy and Procedure, using the HSE [Employee Referral Form](#) and provide information on the [Employee Assistance Programme](#) and [Coaching Service](#) if required.
- 5.2.9 Investigate opportunities for reasonable accommodation, including where accommodations are medically recommended, ensuring first that employees have the full details of these accommodations. Engage with the employee to discuss possible accommodations which could be made.
- 5.2.10 Document and communicate the process undertaken, including details why reasonable accommodation can or cannot be provided.
- 5.2.11 Maintain contact with the employee on a regular basis during their absence (See <https://healthservice.hse.ie/staff/benefits-and-services/occupational-health/rehabilitation/> for guidance on communicating during sickness absence).

- 5.2.12 Liaise closely with the Occupational Health Service throughout the workplace rehabilitation process as appropriate, while respecting and maintaining the confidentiality of those processes.
- 5.2.13 Provide information to Occupational Health about the job demands, as requested by Occupational Health.
- 5.2.14 Plan the employee's return to work in collaboration with the employee taking into consideration any recommendations provided by Occupational Health, ensuring duties are meaningful and based on any medical recommendations. Where accommodations are required complete the 'Work Accommodation Form', see section 9.
- 5.2.15 Ensure rehabilitation in the workplace is provided as soon as practical so that the employee's maximum physical, psychological and social wellbeing can be restored.
- 5.2.16 As stated in the Managing Attendance Policy and Procedure, 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.
- 5.2.17 Where necessary, communicate any workplace accommodations (but not medical information) with the employee's co-workers to ensure the employee is adequately supported, while confidentiality maintained. Discuss with the employee how this information will be shared – the Work Accommodation Form may be used for this purpose. See section 9.
- 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, other services, for example the National Health & Safety Function.
- 5.2.20 Monitor the employee's progress through ongoing communication and/or review of the Work Accommodation Form.
- 5.2.21 Maintain records of hours and type of duties worked by the employee to provide to the Occupational Health service.

- 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 Where appropriate, and in consultation with the employee, investigate alternative employment options along with senior management and with the support of Human Resources (HR) 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.
- 5.2.24 Advise employees of Public Service Sick Leave Scheme and associated absence schemes and circulars. Advise employee that payment under such Schemes is conditional on compliance with relevant policies including [Managing Attendance Policy and Procedure](#) and this Policy.

5.3 Employee Responsibilities

- 5.3.1 Be responsible for preventing work-related injury and illness in line with the requirements of the Safety, Health 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 your local ancillary Safety Statement and the HSE [Corporate Safety Statement](#).
- 5.3.2 In the event of a work-related injury or incident, appropriate medical treatment must be sought e.g. first aid, GP, minor injuries unit 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 and Procedure, 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 workplace rehabilitation 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 workplace rehabilitation and request their support with the process if required.

5.4 Occupational Health Service Responsibilities

5.4.1 Advise managers about employee's fitness for work, consistent with available medical advice.

5.4.2 Adhere to [HSE Data Protection Policy](#) and [National Consent Policy](#) (see section 9) to ensure strict confidentiality in managing employee data and medical information.

5.4.3 Where deemed necessary, request the employee obtains a medical report from their treating medical practitioner or obtain written consent from the employee to communicate with relevant healthcare professionals involved in their care regarding their medical condition.

5.4.4 Obtain as much information as possible about the employee's role and component tasks of their job from the HSE [Employee Referral Form](#), the job description and if necessary request further information from the line manager

5.4.5 OH may advise the employee on further medical assessment and treatment as appropriate.

5.4.6 Provide an Occupational Health report to the referring manager to outline fitness for work, including recommendations on accommodations and provide advice as the workplace rehabilitation progresses.

5.4.7 Review employees who are facilitated with workplace accommodations, to assess progress and fitness to return to normal duties. Ongoing restrictions/absences will be reviewed on a three monthly basis or sooner if required. Requirement for follow-up assessment will be determined by Occupational Health

5.5 Other HSE Health Professional Responsibilities

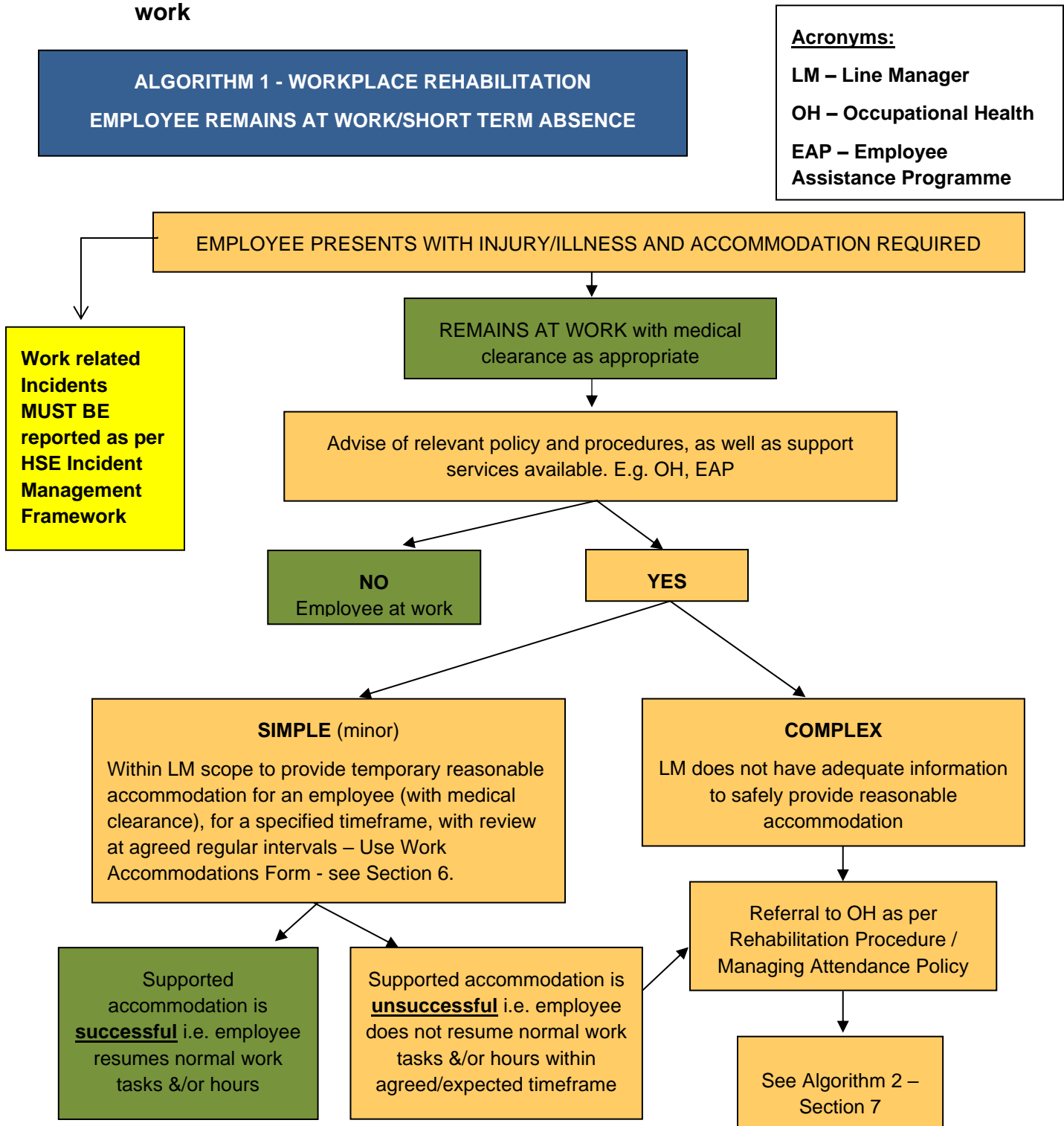
5.5.1 Provide timely interventions, based on assessed needs and in line with best practice.

- 5.5.2 Provide reports as indicated or requested with employee consent in relation to the employee's rehabilitation progress.
- 5.5.3 When applicable and appropriate, assess or consider aspects of the workplace in respect of contributing factors to the employee's condition and advise accordingly.
- 5.5.4 Adhere to [HSE Data Protection Policy](#) 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 Procedure and this policy.
- 5.6.3 Support the manager and employee in devising workplace rehabilitation, where HR input has been requested.
- 5.6.4 Support management in investigating suitable 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 and 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 Workplace Rehabilitation - Employees not requiring on-going absence from work

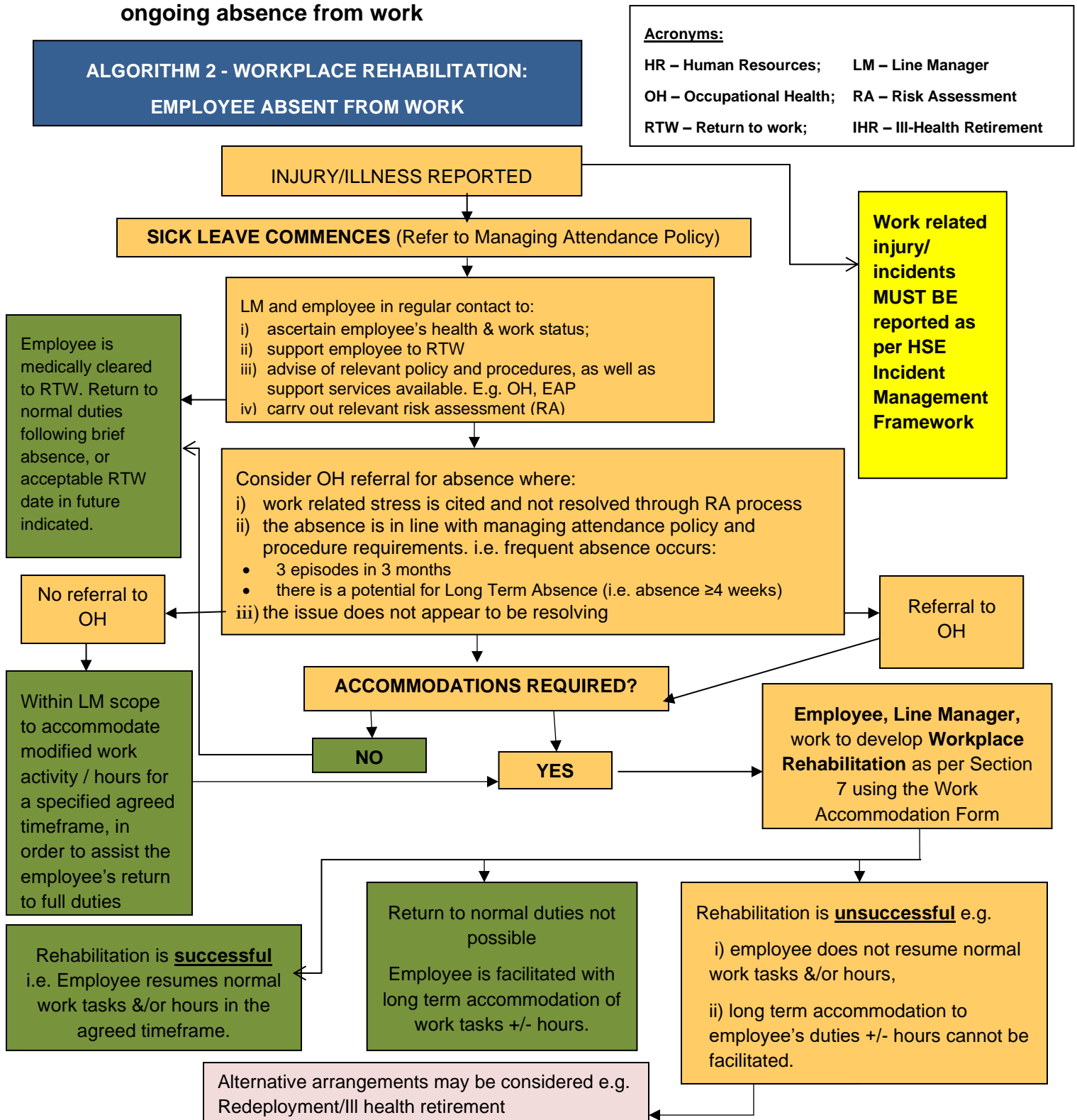


Case Example:

An employee sustains a mild strain to their shoulder assisting a patient. 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 tasks to support this. However, if the discomfort doesn't resolve or if difficulty working with existing accommodations arises, the manager may refer the employee to Occupational Health for advice on fitness for work. The employee should seek medical advice from their own medical practitioner - see Section 7)

- 6.1** This refers to employees who do not require ongoing absence as a result of an injury or illness.
- 6.2** All work related injuries and illness must be reported to the immediate line manager.
- 6.3** Following workplace injuries immediate first aid or medical attention must be provided if required e.g. first aider, GP or the Emergency Department.
- 6.4** The incident management investigation must be completed for all reported work-related injuries and illnesses and the incident reported on the National Incident Management System (NIMS) in line with the HSE Incident Management Framework.
- 6.5** 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.
- 6.6** The employee and manager must discuss and agree accommodations and the likely timeline for these. The Work Accommodation Form may be used for this purpose. See Section 9 and sample copy in Appendix 1.
- 6.7** If the supported accommodation is unsuccessful, i.e. employee does not/cannot resume normal work tasks and/or hours within an expected time period, or if further specialist opinion is required, refer the employee to Occupational Health for fitness for work assessment and recommendations. See Section 7.

7.0 Workplace Rehabilitation - Employees with injuries or illnesses requiring ongoing absence from work



This is a controlled document and must always be accessed from the [HSE National Central Repository](#). Whilst printing is permitted, printed copies are not controlled. Controlled documents must never be saved to secondary electronic/other locations which are accessible by staff or the public.

Case Example:

An employee has been out of work on long term sick leave due to a back injury. They have been attending their GP and receiving physio. As they were out of work for more than 4 weeks they were referred to Occupational Health who have recommended they can return to work by phasing back over a six week period to allow for a gradual increase in activity. The employee must use their manual handling training to assess all tasks.

- 7.1** This refers to employees who do require ongoing absence as a result of an injury or illness.
- 7.2** The employee must report all workplace related injuries and illness to the immediate line manager.
- 7.3** Following workplace injuries, immediate first aid or medical attention must be provided if required e.g. first aider, GP or the Emergency Department.
- 7.4** 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](#).
- 7.5** Managing the sickness absence of any employee should be carried out in accordance with the HSE Managing Attendance Policy & Procedure.
- 7.6** The line manager and employee must stay in regular contact to ensure appropriate management, as per [Managing Attendance Policy and Procedure](#). They should discuss possible supports that may facilitate a return to work at all stages of absence. See the HSE [Rehabilitation webpage](#) for further guidance regarding communication during absence from work.
- 7.7** 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, using the [Employee Referral Form](#) – see section 9.
- 7.8** If further information is required the manager may be asked by Occupational Health to provide further details about the employee's job demands.
- 7.9** Where deemed necessary, Occupational Health may request the employee to obtain a medical report from their treating medical practitioner or may obtain written consent from the employee to communicate with relevant healthcare professionals involved in their care regarding their medical condition.

- 7.10** 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.
- 7.11** Occupational Health may provide advice regarding the need for referral to other relevant health professionals, e.g. physiotherapy, occupational therapy, specialists, etc. as indicated.
- 7.12** 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. For some conditions, where symptoms may fluctuate or are likely to reoccur, Occupational Health may recommend some flexibility in the workplace accommodations.
- 7.13** For employees with ongoing absence, whom Occupational Health have advised are medically fit to return to work, the manager and employee should engage to agree workplace rehabilitation, with agreed timeframes. This should be developed through collaboration between the employee and manager, with advice from Occupational Health and other stakeholders, taking account of service needs. This will include:
- The goals of the workplace rehabilitation
 - Detail of implementation 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 workplace rehabilitation.

The Work Accommodation Form (see Section 9) must be used when the employee will require accommodations in their role.

- 7.14** A return to work meeting should be carried out and documented for all employees following absence from work as per the [Managing Attendance Policy and Procedure](#). Following return to work with accommodations, workplace rehabilitation must be reviewed formally on a regular basis as agreed by the employee and manager using the Work Accommodation Form (see section 9). If

there are no accommodations required, the manager and employee should meet regularly to ensure no issues have arisen.

- 7.15** Where an employee has a long term health condition regular supportive discussions should be held with the manager and employee so that fitness for work issues can be identified early and support provided.
- 7.16** Where it is identified that an employee is not progressing as agreed 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.
- 7.17** If during any period following return the employee's health is perceived by the employee, the line manager or the Occupational Health service to be deteriorating, and there is a foreseeable risk to the employee or service, the employee may resume sick leave, attend their treating medical physician and be referred back to the Occupational Health Service.
- 7.18** The employee is responsible for obtaining appropriate medical care and treatment through their treating medical practitioner.
- 7.19** 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 the employees own expense and shared with the Occupational Health service within timeframes agreed with the line manager.
- 7.20** If return to work includes a reduction or change in hours 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

This is a controlled document and must always be accessed from the [HSE National Central Repository](#). Whilst printing is permitted, printed copies are not controlled. Controlled documents must never be saved to secondary electronic/other locations which are accessible by staff or the public.

- 8.1** Workplace rehabilitation will conclude when the employee:
- Resumes all the duties for the role to which they were appointed.
 - Cannot resume all duties, but medical recommendations can be accommodated on a permanent basis within this role by the service.
 - Following ongoing medical assessment by Occupational Health, is considered to gain minimal or no benefit from continued workplace rehabilitation.
 - Fails to engage in or comply with rehabilitation process. This will lead to the application of the Managing Attendance Policy and Procedure.
- 8.2** In the event that Occupational Health advise 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 by management in consultation with the employee and with the support of HR.
- 8.3** In certain circumstances, despite best efforts, the employee will not be fit or able to resume their 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 of employment on grounds of medical incapacity/ill health may arise.
- 8.4** Occupational Health will advise the referring manager 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.
- 8.6** The employee may be offered support through the [Employee Assistance Programme](#), [HSE Coaching Service](#) or local HR.
- 8.7** For cases where the employee disputes the medical opinion of the Occupational Health Service, refer to Section 7.19.

9.0 Relevant Policies, Forms and Guidance

This is a controlled document and must always be accessed from the [HSE National Central Repository](#). Whilst printing is permitted, printed copies are not controlled. Controlled documents must never be saved to secondary electronic/other locations which are accessible by staff or the public.

9.1 Relevant Policies include

- HSE [Managing Attendance Policy and Procedure](#)
- HSE [Long Term Absence Benefit Schemes Guidelines](#)
- 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 [Dignity at Work Policy](#)
- HSE [Workplace Supports for Staff Members with a Disability : A Guideline on Reasonable Accommodation](#)
- HSE [Guidelines on Inclusive Communications in the Workplace: Disability](#)
- HSE [Diversity, Equality and Inclusion webpage](#)

9.2 The Work Accommodation Form and guidance on its use is available on the WHWU Rehabilitation website - <https://healthservice.hse.ie/staff/benefits-and-services/occupational-health/rehabilitation/>. See appendix 1 for sample form.

9.3 Further information on management referral is available at <https://healthservice.hse.ie/staff/benefits-and-services/occupational-health/>

9.4 HSE Employee Referral Form is available at <https://healthservice.hse.ie/staff/benefits-and-services/occupational-health/management-referral-information-for-managers/>

9.5 Further information on HSE health and safety processes are available at <https://healthservice.hse.ie/staff/health-and-safety/>. HSE Enterprise Risk Management Supporting Tools are available at <https://www.hse.ie/eng/about/who/riskmanagement/risk-management-documentation/hse-enterprise-risk-management-supporting-tools/>.

9.6 Further information on Staff Personal Health and Wellbeing resources, webinars and initiatives are available at

<https://www.hse.ie/eng/about/who/healthwellbeing/healthy-ireland/national-policy-priority-programmes/staff-health-and-wellbeing.html>.

PART B: PPPG Development Cycle

10.0 Initiation

10.1 Introduction

This policy is the second revision of the HSE 'Rehabilitation of employees back to work after illness or injury Policy and Procedure'. This policy has been reviewed after 3 years in line with the HSE PPPG Framework, following stakeholder consultation and a further literature review of current evidence.

10.2 Rehabilitation Policy Review Group

10.2.1 See Appendix III for membership of the Rehabilitation Policy Review Group.

10.2.2 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.

10.3 Supporting Evidence

10.3.1 A literature review was undertaken to collate new 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 - 2021
- The Equal Status Acts 2000 - 2018
- The Disability Act 2005
- The Irish Human Rights and Equality Commission Act 2014
- Safety Health & Welfare at Work Act 2005

This is a controlled document and must always be accessed from the [HSE National Central Repository](#). Whilst printing is permitted, printed copies are not controlled. Controlled documents must never be saved to secondary electronic/other locations which are accessible by staff or the public.

- Safety, Health and Welfare at Work (General Application) Regulations 2007 - 2016
- Managing Attendance Policy & Procedures (HSE 2023)
- Long-Term Absence Benefit Scheme Guidelines (HSE 2012)
- HSE National Framework for Developing Policies, Procedures, Protocols and Guidelines (PPPGs) (HSE, 2016)
- National Consent Policy (HSE 2022)
- Data Protection Policy (HSE 2019)
- Employees with Disabilities (Health and Safety Authority 2021)
- International Good practice in Vocational Rehabilitation: Lessons for Ireland (National Disability Authority 2016)
- Nice Guidelines - Workplace health: long term sickness absence and capability to work (2019)
- HSE Incident Management Framework (HSE 2018)

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 Chief People Officer.

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 nationally and direct communication to Human Resources, Occupational Health, Employee Assistance Programme and Operational 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 <https://healthservice.hse.ie/staff/benefits-and-services/occupational-health/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 is available for managers on HSeLanD. See- 'Work Rehabilitation in the HSE' for two 20 minute modules.
- 13.3 An information booklet is available for employees who are out of work with long term sick leave – See https://healthservice.hse.ie/documents/1900/HSE_returning_to_work_from_sick_leave_employee_booklet.pdf
- 13.4 Further guidance for all stakeholders will be available on <https://healthservice.hse.ie/staff/benefits-and-services/occupational-health/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.

- 14.3** 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.
- 14.4** 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

Black, C. (2008). *Working for a healthier tomorrow*. Available: <https://www.gov.uk/government/publications/working-for-a-healthier-tomorrow-work-and-health-in-britain>.

National Institute for Health and Clinical Excellence (2019). *Workplace health: longterm sickness absence and capability to work*. NICE guideline (NG 146).

Waddell, G., Burton, KA. (2006). *Is work good for your health and well-being?* Available: <https://www.gov.uk/government/publications/is-work-good-for-your-health-and-well-being>.

Health Services Executive. (2014). *Managing Attendance Policy & Procedures*. Available: <https://www2.healthservice.hse.ie/organisation/national-pppgs/managing-attendance-policy-and-procedures/>.

Health Services Executive. (2012). *Long-Term Absence Benefit Scheme Guidelines*. Available: <https://www.hse.ie/eng/staff/resources/hrppg/long-term-absence-benefit-schemes-guidelines-2012.pdf>.

Institute for Work and Health. (2007). *Seven 'Principles' for Successful Return to Work*. Available: https://www.iwh.on.ca/sites/iwh/files/iwh/tools/seven_principles_rtw_2014.pdf.

Irish Human Rights and Equality Commission (IHREC). (2018) *Disability and Reasonable Accommodation. What are my obligations?* Available: <https://www.ihrec.ie/guides-and-tools/human-rights-and-equality-for-employers/what-does-the-law-say/disability-and-reasonable-accommodation/>.

National Disability Authority. (2019). *Retaining employees who acquire a disability*. Available: <https://nda.ie/publications/nda-factsheet-4-retaining-people-with-a-disability-in-the-workforce>.

National Disability Authority. (2016). *International Good Practice in Vocational Rehabilitation: Lessons for Ireland*. Available: <https://nda.ie/publications/international-good-practice-in-vocational-rehabilitation-lessons-for-ireland>.

National Disability Authority. (2019). *Reasonable Accommodations: Obstacles and Opportunities to the Employment of Persons with a Disability*. Available: <https://nda.ie/publications/reasonable-accommodations-obstacles-and-opportunities-to-the-employment-of-persons-with-a-disability>.

Katelyn Brehon *et al.* (2022) 'Return-to-Work Following Occupational Rehabilitation for

Long COVID: Descriptive Cohort Study', *JMIR Rehabilitation and Assistive Technologies*, 9(3), p. e39883. doi:10.2196/39883.

Cancelliere, C. et al. (2016) 'Factors affecting return to work after injury or illness: best evidence synthesis of systematic reviews', *Chiropractic & Manual Therapies*, 24, pp. 1–23. doi:10.1186/s12998-016-0113-z.

Lunt, J., Hemming, S., Elander, J., Baraniak, A., Burton, K. and Ellington, D., 2022. Experiences of workers with post-COVID-19 symptoms can signpost suitable workplace accommodations. *International Journal of Workplace Health Management*, 15(3), pp. 359-374.

Nielsen, K. and Yarker, J. (2023) 'What can I do for you? Line managers' behaviors to support return to work for workers with common mental disorders', *Journal of Managerial Psychology*, 38(1), pp. 34–46. doi:10.1108/JMP-09-2021-0500.

Etuknwa, A., Daniels, K. and Eib, C. (2019) 'Sustainable Return to Work: A Systematic Review Focusing on Personal and Social Factors', *Journal of Occupational Rehabilitation*, 29(4), pp. 679–700. doi:10.1007/s10926-019-09832-7.

17.0 Appendices

Appendix I Sample Work Accommodation Form

Appendix II Signature Sheet

Appendix III Membership of the PPPG Review Group

Appendix IV Membership of the Approval Governance Group

Appendix I: Sample Work Accommodation Form



Work Accommodation Form

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 Accommodation: _____

B: Have Occupational Health recommended accommodations to the employees role? Yes No

If yes, please specify accommodations recommended:

C: Details of agreed workplace accommodations:

Accommodations and timeline	Actions for implementation	Responsibility

D: Detail of work schedule if differs from usual work schedule (hours per week and number of weeks):

E: 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 if 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 Accommodation Form- Review

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

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

F: Review of Plan

Date of review meeting: _____ Attendees: _____

Were accommodations 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 accommodations 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.

Appendix III: Rehabilitation Policy Review Group

Chairperson:

Ms Deborah Moriarty Rehabilitation Lead, Workplace, Health and Wellbeing Unit

Members:

Ms Emer Carroll National Health & Safety Manager (Information & Advisory Team),
National Health & Safety Function

Mary Ruane Employee Relations Executive, National Employee Relations, National
HR

Jane McEneaney Occupational Health Nurse, HSE North East

Tom Gaffney Occupational Health Specialist, HSE North


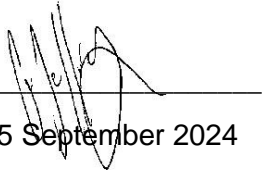

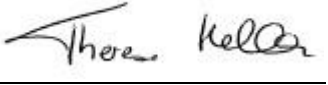
Kathleen Clancy Senior Occupational Therapist, St James Hospital

Orla Fahy Physiotherapist Manager, Wexford Hospital

Michele Guerin Equality Officer, Diversity, Equality and Inclusion

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

Appendix IV: Membership of the Approval Governance Group

<p>Ms Anne Marie Hoey Chief People Officer</p>	<p>Signature: <u></u> Date: 20 September 2024</p>
<p>Dr Grant Jeffrey Director Workplace Health & Wellbeing Unit</p>	<p>Signature: <u></u> Date: 05 September 2024</p>
<p>Ms Norah Mason Assistant National Director of Human Resources, Employee Relations</p>	<p>Signature: <u></u> Date: 5 September 2024.____</p>
<p>Ms Theresa Heller Assistant National Director of Human Resources</p>	<p>Signature: <u></u> Date: <u>5th of September 2024</u></p>