

Managing Absence and the return to work

WELCOME

Paula Cartwright

RN, BSc Hons OH, Nebosh Cert Ed

(Occupational Health Specialist
Practitioner)

Occupational Health: an ever changing environment.



How OH can help

- **Making a referral to OH – how to ask the right questions and get helpful answers**
- Give as much information as possible about your concerns,
- Ask any specific questions that you would like an answer to,
- Provide a job description or outline of duties,
- If sickness absence records are appropriate, include them,
- Provide physical descriptions of a workplace/work pattern if appropriate to the referral, e.g. if the employee is required to negotiate stairs and there is an issue over mobility.

Disability Discrimination Act (DDA) 2005

- Physical or Mental Health impairment which has a long term effect on a person's ability to carry out day to day activities.
- Where disability is reported or suspected an employer requires medical advice regarding reasonable adjustments to ensure the employee is treated favourably.

Disability Discrimination Act (DDA) 2005

- Recruitment
- Return to work and Rehabilitation
- Retention



The 'right' questions

- I am referring Mr. X to you on the following points;
- When might I reasonably expect Mr. X to return to work?
- Will Mr. X be able to return to the same job?
- What, if any, reasonable adjustments (in hours, accommodation, equipment) may need to be made to Mr. X's job/workplace to facilitate his return?
- Can Mr. X's history of sickness absence be attributed to a medical cause? If so, what pattern of sickness (if any) can be predicted in Mr. X's future employment (long or short term)?
- Is there an underlying medical condition which could explain Mr. X's failure to perform at work

Case scenario

- Sarah, 26 yrs, General Administrator,
- Over the last 6-8 months frequent short term sickness absences plus a couple of episodes of 2 weeks each. Dr's note stated 'viral infection'
- Performance issues; slow, forgetful, poor concentration, increasingly uncommunicative with you and others
- Signs of personal neglect, ?smell of alcohol on her breath on odd occasions in the morning.

Sarah's referral to OH

- Sickness absence record and job description
- Sarah's performance and general appearance. Explain briefly
- Is there an underlying medical condition that could explain Sarah's poor attendance and performance? If not, have there been a series of minor ailments that could explain poor attendance and performance?
- What pattern of sickness absence might I expect in the future and for what reasons?
- Is there any way in which I, as Sarah's manager, can assist her in improving her attendance and performance?

What OH can find out

- Past medical history – confirmation from the GP or other Specialist
- Alcohol, drugs
- Social set up, lifestyle issues, attitude to work, relationships at work
- We look at posture, body language, physical symptoms e.g. self harm
- We can ask blunt medical questions and it is difficult for an individual to evade this when face to face

OH report to management on Sarah

- If possible – we will give medical condition e.g. depression
- Sarah has; underlying medical condition, likely to affect her and her work for approx x months but also likely to resolve completely
- Sarah may show a increased level of absence from work – either short or longer term
- We advise that she is/is not fit to work, with the following work adjustments
- Possibly all or some of; reduced hours, reduced responsibilities, additional support,
- We will keep Sarah under regular review but we suggest a formal review in x weeks

Scenarios

- What questions/suspensions are in your mind?
- What will you do – if anything?
- If you refer to OH what questions will you ask?

Case Scenario 1

Helen – 53 yrs Programme Area Manager – full time

- Experiencing personal problems at home (marriage break up that is common knowledge)
- Work- job ambiguity due to restructuring within organisation
- Performance is affected – mood swings, time management and attendance issues
- Med 3 certification stating “anxiety” initially now stating “stress at work”..
- **What questions/suspicious are in your mind?**
- **What will you do – if anything?**
- **If you refer to OH, what questions will you ask?**

Case Scenario 2

Melissa – 18 yrs - Faculty Administrator – Part time

- Melissa has worked for the College for 6 months. She has had epilepsy since childhood disclosed to management.
- Active social life – she occasionally comes in to work a bit hung over (on her own admission)
- Over the last 3 months she is habitually taking off Monday and Fridays. She has accumulated a total of 15 days in the last 3 months –always for periods of less than 7 days - and says that her epilepsy is ‘playing up’.
- **What questions/suspicious are in your mind?**
- **What will you do – if anything?**
- **If you refer to OH, what questions will you ask?**

Case Scenario 3

Pete - 53 yrs - Technician – Full-time

Pete has worked for the college for 5 years. He has been off work for 6 weeks, the GP's sick note stated "sciatica".

His workmates tell you that has been seen up a ladder painting the outside of his house.

- **What questions/suspicious are in your mind?**
- **What will you do – if anything?**
- **If you refer to OH, what questions will you ask?**

Case Scenario 4

Guy – 28 yrs I.T. Technician – Full-time

- Employed 18 months and his attendance is good –
- New IT system is being installed and Guy is key to this project.
- Health symptoms reported of tingling in his wrists and forearms. At the time Guy said he would liaise with you if symptoms continued.
- He has gone off sick and you have received a sick note from his GP stating “RSI”.
- **What questions/suspensions are in your mind?**
- **What will you do – if anything?**
- **If you refer to OH, what questions will you ask?**

Case Scenario 5

Wendy – 32 yrs Librarian – Full-time

- Employed 12 years and reports long-standing back pain.
- Reports problems with lifting and moving of books above head height or below knee level.
- She has shown a pattern of intermittent medium to long term sickness, much of it self-certificated.
- Colleagues are reporting an unfair division of work duties as Wendy declines to undertake some of her duties.

What questions/suspicious are in your mind?

What will you do – if anything?

If you refer to OH, what questions will you ask?

Case Scenario 6

- **Ted – 48 yrs Minibus Driver – Full time**
- Ted's job involves driving goods and students from site to site and off campus. He has worked for the College for 25 years although only as a driver for the last 10 years.
- He has called in sick and provides you with a sick note from his GP for 2 weeks that states “diabetes – newly diagnosed”.
- He phones you to say that his GP has told him he'll be fit for work at the end of the 2 weeks sick note so he'll see you then.
- **What questions/suspicious are in your mind?**
- **What will you do – if anything?**
- **If you refer to OH, what questions will you ask?**

Absence management to include:

- Making contact with the sick employee
- Return to work interviews
- Absence review meetings
- Multidisciplinary approach inclusive of Occupational Health and Other External Agencies.