



**Policy Title**            **Recuperative and Restricted Duties**

**CCMT Sponsor**        **Director of Resources**

**Department/Area**    **Headquarters**

**Section/Sector**        **Corporate Health & Support Services**

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**1.0 RATIONALE**

Sickness by police officers or police staff has a significant impact on the organisation and other staff, affecting performance and efficiency. Long periods of sickness can also have substantial effects on the individual who, over extended periods of time, will find it more difficult to return to work. In some cases feeling a lack of confidence or ability to perform their role, perceiving that their knowledge has been left behind and a feeling of not belonging.

This document expands on, though linked to the existing TVP Sickness Management Policy and the Stress Management Policy.

**2.0 INTENTION**

Thames Valley Police looks to support all staff to return to work to their primary role (i.e: the role they are employed to perform) after a period of sickness as soon as is reasonably practicable. Where assistance is required to allow this to happen, adjustments to an individual's role maybe appropriate. These may include duties and/or restrictions on duties, in a rare number of cases a reduction in hours. In any case, it will be the individual's responsibility to make every effort with regard to improving their health and work towards carrying out their full contractual role. The needs of both the individual and the organisation will be considered and balanced to be most effective in achieving this aim.

**3.0 GENERAL PRINCIPLES**

**3.1 Definitions – Recuperative / Restricted**

Recuperative Duties

In line with the Strategy for a Healthy Police Service a recuperative member of staff is one where these duties should be used to facilitate an early return to work, using reduced hours or restriction of tasks to reintroduce individuals at an early stage back in the workplace.

They will not however be necessary in every case of an individual returning from sick leave. An individual should only return to work on adjusted duties when deemed necessary by the line manager in conjunction with BCU or Department Human Resources (HR) and the Occupational Health Unit (OHU). Whenever possible these duties should be performed as part of their normal (primary) role, placing them in an unfamiliar work environment can be counterproductive. The duties should match the abilities of that person and the work should be meaningful. A minimum of monthly reviews should be carried out by managers to monitor progress.

## **NOT PROTECTIVELY MARKED**

Recuperative duties should not last more than 6 months and will normally be shorter. What is appropriate in any particular case will be determined on a case by case basis and reviewed at regular intervals. If a return to full duties has not been achieved and/or there is no improvement within the relevant timescale, restricted duties should be considered or alternatives, such as redeployment.

### Restricted Duties

This classification only applies to Police Officers. The Force's Occupational Health Practitioners will determine those police officers who are to be placed on restricted duties.

Police officers who are unable, because of ill health or disablement, to carry out full operational duties and do not fulfil recuperative duties criteria in that they are expected to return to full duties within a maximum period of 6 months, may be able to perform roles that do not require full operational fitness. The officer's line manager and Personnel Department will determine whether an appropriate role is available for the officer to perform within their capabilities. If such a role is not available in the specific location, then a wider search for a suitable role should be conducted. The Head of Personnel will act as the final decision maker when appropriate. It will be necessary for input to be received from the Force's Corporate Health group. Line managers, in liaison with the relevant HR Department, will refer police officers on restricted duties annually or sooner if there is an improvement or deterioration in his/her condition to the OHU. Monitoring of the numbers of staff on restricted duties as well as their location should be carried out centrally and appropriate roles identified and quantified in advance to ensure adequate Force resilience, ensuring that no one Area is overloaded.

## **4.0 CHALLENGES & REPRESENTATIONS**

Head of Corporate Health & Support Services  
Eden House  
16 Lyne Road  
Kidlington  
Oxfordshire  
OX5 1AD

## **5.0 GUIDANCE, PROCEDURES & TACTICS**

### **5.1 Responsibilities**

#### Individual

All police officers and police staff have an obligation, where they are classified as recuperative by the Force's Occupational Health Unit, to make every effort to progress their health to full effectiveness. This will include ensuring they do not undertake actions or activities that will hinder their recovery. Communication

## **NOT PROTECTIVELY MARKED**

must be maintained with supervisors, Occupational Health and their GP as appropriate throughout the recovery period.

In the event of proceeding under the Police Staff Poor Performance & Attendance Policy (PPA) or in the case of police officers, the Police (Efficiency)(Amendment) Regulations 2003 (P(E)(A) Regs) with regard to absence, the individual has the right at all times to consult and have in attendance a Staff Association Representative or colleague.

### Line Manager

Line managers should be supportive at all times, during any period of sickness, prior to return and during recuperative duties. Contact whilst an individual is on sick leave must be maintained as per the Sickness Management Policy.

When recuperative duties are recommended by Occupational Health as a return to work plan, the decision is one of area or department management in respect of duties performed. Line managers are encouraged to seek advice where clarification is required. Staff returning to work will, as far as possible, perform their primary role taking into account restrictions recommended. This will only include a reduction in hours in a small number of cases. On return the line manager and individual must complete a risk assessment – see Appendix A – taking into account any control measures to alleviate the hindrance of recovery. This will include an in-depth return to work interview.

The individual must be given a clear review schedule, time between reviews will vary depending on the role and risk assessment action plan, ensuring timely progression to full duties.

The individual must be appraised of any change of line supervision throughout the recuperative duties period.

Understanding should be sought where the individual and line manager can communicate issues, problems and referral needs at any time to maintain meaningful roles, workloads, motivation, clear direction and appropriate support.

### HR Managers / Teams

There is a requirement and responsibility to own and maintain information from line managers to quality assure ongoing progression of individuals to return to full duties. Additionally monitor and ensure action plans are supportive and referral to Occupational Health, when required. These should also be assessed at monthly Local Health Review Group meetings.

Should an individual not be back to full duties within the appropriate timescales in a given case, personnel will refer the individual to Occupational Health with specific questions in order

## **NOT PROTECTIVELY MARKED**

to determine further actions. These will assist BCU or Department HR management decisions with regard to:

- Extension to recuperative period
- Reclassification to restricted in long term cases
- Implementation of Police (Efficiency)(Amendment) Regulations (P(E)(A) Regs) or Police Staff Poor Performance & Attendance Policy (PPA). This maybe at an earlier stage in order to commence formal action plans to focus on support and progress towards full duties.

With regard to the commencement of the P(E)(A) Regulations or the PPA Policy with regard to absence, HR Teams will inform the Head of Corporate Health & Support Services (CHSS) in order to keep the Director of Resources apprised where appropriate.

### 5.2

#### **Hours**

A person working recuperative duties will work normal contractual hours except in exceptional circumstances. The member of staff and line supervisor must agree to be open and honest with each other, where either can share concerns on a daily basis. Where appropriate, they may agree on a reduction of hours on the specific day in question should the full hours on that particular day be causing a problem. A reduction in hours on any one day should not be reduced to less than 4 hours. Where it is less than 4 hours the day will be shown as a sickness recorded day.

### 5.3

#### **Roles**

When an individual returns to work in a recuperative capacity, following a period of sickness, wherever possible they will return to their primary role, bearing in mind any restriction on ability within that role. If this is not possible, alternative roles / job functions will need careful consideration. Secondments to other roles or departments should only be considered when this is not achievable. Roles and duties should be meaningful to assist and maintain the individual's motivation. With this in mind workloads must be carefully considered recognising an individual's capability.

In addition, the working environment and working as part of a team where possible should be considered to ensure that the individual feels valued and that the task they are performing is respected by colleagues.

### 5.4

#### **Return to Work and Return to Work Interviews**

Prior to an individual returning to work following a protracted period of sickness absence they should be contacted to ensure

## NOT PROTECTIVELY MARKED

they are briefed on time of arrival, and to whom to report. Wherever possible the individual should be met on return to work and as soon as possible an in-depth return to work interview commenced, ensuring reasons for sickness are negated and future occurrences are minimised. Line managers should ensure that sufficient time is set aside for this commitment.

In welcoming the individual back to the workplace the nature of the work should be discussed in detail and if a new role or new location, a full explanation and guidance including mentoring where appropriate should be explained and put into place.

Where the individual is performing a previous role then specific restrictions on ability should be discussed and outlined. At this meeting the line manager and individual should agree a method of communication especially where there is remote management in order that the individual concerned can raise any issues at the earliest opportunity.

### 5.5 **Risk Assessment**

A risk assessment, for both police officers and police staff, must be carried out by the line manager in consultation with the individual. The job functions should be listed, the hazard to the individual identified and control measures introduced, to minimise risks that would otherwise hinder the progression of the return to full duties. Specialist assessments under the DSE Regs and Manual Handling Regs must be considered. The line manager must monitor the individual to ensure control measures are adhered to and must revisit the risk assessment as the individual's state of health or work circumstances change. An explanation of the risk assessment process and the RA materials is attached at Appendix A. Further guidance on the RA process can be accessed within Section 4.1.0 and 4.1.1 of the H&S Manual.

<http://onlineview/healthandsafet/manual/index.htm>

### 5.6 **Action Plan and Progression**

At the earliest opportunity an action plan should be agreed between the line manager and the individual in consultation with the HR Manager to agree progression and return to full duties. This action plan should be documented and a copy given to the individual. The action plan and progression should include realistic timescales in order that the individual can progress to full duties. These action plans can be reviewed constantly and in any event at any subsequent review.

It is important that the Performance & Development Review (PDR) process is maintained by the individual's line manager.

5.7 **Advice and Referrals**

When an individual is referred to Occupational Health, the line manager and/or HR team should ensure that the unit is appraised of any views or concerns with regard to the individual's case. The OH practitioner should be fully informed in order to make an informed assessment and recommendations that are appropriate and proportionate. Referral forms (Appendix C) are available to document this information, specific questions are encouraged where facts are sought with regard to a particular issue.

A return to work, in the capacity of recuperative or restricted duties will normally be as a result of advice on a Statement of Fitness to Work (SFW) provided by Occupational Health to line and HR Managers. In general, recommended restrictions will be documented on the form and the individual will have been consulted by the Occupational Health doctor or nurse completing the SFW. It is worth bearing in mind that this is advice from the Occupational Health practitioners and has generally taken into consideration many aspects, all of which may not be declared due to medical confidentiality.

The decision of implementation or non-strict compliance with the advice is that of the BCU/LPA Management Team. Line managers and HR Teams are encouraged to seek clarification by telephone or e-mail should any doubts exist with regard to advice outlined in the SFW.

Where appropriate line managers and HR Teams should make independent decisions with regard to recuperative duties that are restricted by ability or hours. The purpose of this is that where agreement can be reached it will prevent a delay in a return to work where appropriate. Where this takes place and the individual is not in agreement, consideration to formally refer them to Occupational Health should be taken.

5.8 **Options When Progression Fails**

Where an individual fails to return to full duties following a period of recuperative duties, the line manager, in consultation with the HR Manager, has the option to consider the use of the Police (Efficiency)(Amendment) Regulations 2003 or the Police Staff Poor Performance & Attendance Policy. These documents can be found on the Force Intranet; in addition advice can be sought from the Head of Corporate Health & Support Service.

5.9 **DDA (Disability Discrimination Act 1995)**

Advice on issues relating to the DDA and in particular, advice on making reasonable adjustments for individuals covered by the DDA in any particular case can be obtained from your HR team

and/or Employee Relations team at HQ.

## 6.0 COMMUNICATION

### 6.1 Links to Police National Legal Database Other

Home Office Guidance Documents: The Strategy for a Healthy Police Service

Support Staff Poor Performance & Attendance Policy

Sickness Management Policy

Stress Management Policy

Police (Efficiency)(Amendment) Regulations 2003

Disability Discrimination Act

### 6.2 Communications Strategy

All members of staff should be made aware of this policy and HR Managers and Diversity Advisers will have a more detailed knowledge of the processes.

Communication to all will be carried out via an **All User email** from the Head of Corporate Health & Support Services and will be published on the **Policies and Procedures intranet site, as well as the Corporate Health Intranet site.**

An **email will be sent to all Personnel Handbook owners** informing them to update the folder. Diversity Advisers and HR Managers will receive a separate notification about the new policy.

A separate leaflet giving guidance to line managers on sickness issues in general together with guidance on recuperative officers will be sent to every line manager. There will be an article in Thames View outlining the new Policy and its principles ensuring the message of support is paramount.

## 7.0 COMPLIANCE AND CERTIFICATION

### 7.1 Human Rights Certification

#### (i) Legal Basis

Under Police Regulations 1997 and Health and Safety Legislation, the Chief Constable has corporate responsibilities and obligations towards employees.

#### (ii) Human Rights Articles Engaged

Article 8 Right to respect for private and family life  
Article 14 Prohibition of discrimination

## **NOT PROTECTIVELY MARKED**

### **(iii) Prohibition of Discrimination**

Actions taken as a consequence of the Policy will be applied in an impartial and fair way, having due regard for natural justice and Human Rights.

### **7.2 Diversity Impact Assessment**

A Diversity Impact Assessment has been carried out, the level of impact was determined as LOW.

Diversity impact assessments are required for all policies and related procedures.

An initial impact assessment will determine the level of risk and in turn whether a policy/procedure needs to have a full race relations audit carried out subsequently

### **7.3 Diversity (Human Resources)**

In the application of this policy, the Force will not discriminate against any persons regardless of their gender, sexual orientation, race or ethnic origin, religion, age or disability.

### **7.4 Data Protection**

It is recognised that sensitive personal data will be processed in compliance with this Policy. This, and personal data, will be managed in accordance with the specifications of the Data Protection Act 1998.

### **7.5 Freedom of Information Act**

This policy can be made available to the public.

### **7.6 Protective Markings**

This policy does not require protective marking.

### **7.7 Health & Safety at Work**

The Health and Safety at Work Act imposes a duty of care upon the Chief Constable to ensure, as far as is reasonably practicable, the health, safety and welfare of all staff.

There is a legal requirement to conduct a risk assessment based on the individual's role and capabilities, which should include consideration of assessments under specific legislation e.g. Display Screen Equipment and Manual Handling Regs. Section 5.5. refers.

**8.0 MONITORING AND REVIEW**

**8.1 Links to Best Value/ PPAF/ Force Priorities**

This policy contributes to the Strategic Objective:  
'To equip our front-line staff to deliver on our objectives'

There are no Best Value implications.

**8.2 Review Process**

A full review will be carried out by the policy author and will examine:

- Changes in legislation
- Court rulings – domestic, European and Human Rights
- Examples of good practice from other Forces or other organisations
- Changes in Home Office circulars
- Developments with ACPO Policy Unit
- Representations made by individuals and relevant organisations
- Relevant Diversity data

This policy will have a full review every 12 months.

The next full review will be in April 2007.

**RISK ASSESSMENT - RECUPERATIVE DUTIES**

**Appendix A**

\* P/C

\* Police officer / Police staff  
[delete where applicable]

Employee No:

Name

Role on return from period of sickness to recuperative duties

Original role, if different

Is there already a Generic Risk Assessment in existence for the recuperative role? **Y / N**

Location of recuperative role:

Office based? **Y / N**

	YES	NO
Is driving required to perform role?	<input type="text"/>	<input type="text"/>
Is there a requirement to deal with people outside of the organisation?	<input type="text"/>	<input type="text"/>

Is this role working alongside others as part of a team?

Is the line manager based at the same location?

YES	NO
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Immediate line supervisor

Base

Telephone contact no:

Contractual hours      Police officer : Full time       Part time       If part time, hours per day

   Police staff : Full time       Part time       If part time, hours per day

The Force Policy in respect of recuperative duties states that a person working recuperative duties will work normal contractual hours except in exceptional circumstances. The member of staff and line supervisor must agree to be open and honest with each other, where either can share concerns on a daily basis. Where appropriate, they may agree on a reduction of hours on the specific day in question should the full hours on that particular day be causing a problem. A reduction in hours on any one day should not be reduced to less than 4 hours. Where it is less than 4 hours the day will be shown as a sickness recorded day.

The following Risk Assessment MUST be carried out by the line supervisor in consultation with the individual, usually at the time of an in depth 'Return to Work' interview or sooner, if practicable. The job functions should be listed where control measures have been introduced to minimise risks and that would otherwise hinder the progress of the return to full duties.

A maximum period for recuperative duties, restricted tasks or hours in exceptional circumstances will be limited to 6 months. This is a maximum and where appropriate should be shorter. Periods expected to be longer than 6 months, will be in exceptional and justifiable circumstances only. Options to consider in consultation with the HR Manager and Occupational Health after 6 months will be:

- Change of status to "Restricted". This will not be the case where reduced hours are still being worked. (Police officers only – Police Regulations).
- Commencement of the Police (Efficiency)(Amendment) Regulations [P(E)(A) Regs] in respect of absence (police officers). This should be considered sooner if appropriate.
- Commencement of the Managing Support Staff Poor Performance & Attendance Policy [PPA] (police staff). This should be considered sooner if appropriate.
- Referral to Occupational Health for further consultation, this may include a functional assessment.

When conducting the individual Risk Assessment, any advice from Occupational Health should be taken into consideration and can be cross-referenced provided a copy of the Statement of Fitness to Work (SFW) is

attached. The OH form will contain advice, the implementation of restrictions or no restrictions will be the decision of management. Where agreement is not forthcoming to vary from the advice, telephone consultation is welcomed with the OH medical practitioners, though this will be rare. There is no requirement to refer an individual back to OH to confirm fitness to return to full duties under normal circumstances.

**Reviews**

Review periods should be set at the time of the risk assessment's completion. Not all reviews will necessitate an amendment to this document. Timescales between reviews will depend on the individual cases, in the early stages they may be more often, regular less formal contact is encouraged daily.

When dealing with officers or police staff on recuperative duties, whether ability and/or hours recuperation, the following should be borne in mind and implemented whenever possible.

- ▶ Supportive action to progress recuperation.
- ▶ Meaningful role and tasks, good levels of motivation are paramount to successful recuperation.
- ▶ Good communication and two-way flow to assist understanding, openness and progression.
- ▶ Realistic expectations of both the individual and the organisation's tolerance levels and timescales.
- ▶ Integration with team and colleagues to ensure valued member of staff.
- ▶ Whenever possible, roles within original roles or job description.
- ▶ Clear risk assessments.
- ▶ Referrals to Occupational Health with specific questions. Encouragement to seek advice without always the need to formally refer.
- ▶ Fair, robust decision on progress, seeking agreement of individual wherever possible but also applying contingencies where appropriate.
- ▶ Be aware of the duty to make reasonable timely adjustments if illness is subject to DDA (Disability Discrimination Act 1995) and seek advice as appropriate.
- ▶ Check policy document (Recuperative and Restricted Duties for direction and more detailed guidance if required
- ▶ Record decisions and considerations taken into account.

---

**Line manager's signature** .....  
(as page 1)

**Individual's signature** .....

**Date :** ..... / ..... / .....

Copy to : Personnel manager  
.....  
.....  
.....

## FORCE RISK ASSESSMENT RECORD FOR LOCAL USE

(PLEASE REFER TO FORCE RISK ASSESSMENT RECORDS & SUPPORTING GUIDANCE IN THE TVP HS MANUAL)

<b>SITE/AREA:</b>		<b>DATE OF ASSESSMENT:</b>			<b>DATE FOR REVIEW:</b>			
<b>ASSESSMENT SCOPE/TITLE:</b>							<b>REFERENCE:</b>	
HAZARD REF	HAZARD DETAILS (RECORD DETAILS OF WHAT COULD CAUSE INJURY OR HARM & THE RISKS TO HEALTH & SAFETY THAT MAY RESULT)	WHO IS AT RISK? (BE SPECIFIC)	PRECAUTIONS IN PLACE (LIST ALL EXISTING PRECAUTIONS CURRENTLY IN PLACE FOR IDENTIFIED RISKS)	RISK (LIKELIHOOD X SEVERITY = RISK RATING)	IS RISK ACCEPTABLE (YES OR NO) IF NO, COMPLETE ACTION PLAN BOXES 12 & 13	ADDITIONAL ACTION REQUIRED (SPECIFY WHAT IS REQUIRED, BY WHEN & WHO IS RESPONSIBLE FOR IMPLEMENTATION. RE-RATE THE RISK ASSUMING ADDITIONAL ACTION IS IN PLACE TO OBTAIN THE RESIDUAL RISK - BOX 13)	RESIDUAL RISK (LIKELIHOOD X SEVERITY = RISK RATING)	
<b>ASSESSOR NAME:</b>			<b>SHOULDER/STAFF NUMBER:</b>		<b>SIGNATURE:</b>		<b>DATE:</b>	
<b>BCU/BUSINESS MANAGER NAME:</b>			<b>SHOULDER/STAFF NUMBER:</b>		<b>SIGNATURE:</b>		<b>DATE:</b>	

NOTE: PLEASE NUMBER & ATTACH ALL CONTINUATION SHEETS TO THIS RECORD

# TVP RISK MATRIX

## RISK DEFINITIONS

LIKELIHOOD		SEVERITY	
HIGHLY LIKELY 5	99% LIKELIHOOD THAT HARM WILL RESULT	VERY HIGH 5	FATALITY OR MAJOR INJURY TO SEVERAL
LIKELY 4	75% LIKELIHOOD THAT HARM WILL RESULT (3 IN 4)	HIGH 4	MAJOR INJURY OR ILL HEALTH OVER 3 DAYS LOST TIME
POSSIBLE 3	25% LIKELIHOOD THAT HARM WILL RESULT (1 IN 4)	MODERATE 3	INJURY OR ILL-HEALTH BETWEEN 1 TO 3 DAYS LOST TIME
UNLIKELY 2	5% LIKELIHOOD THAT HARM WILL RESULT (1 IN 20)	LOW 2	INJURY OR ILL HEALTH RESULTING IN LOST TIME FOR REMAINDER OF SHIFT/DAY
HIGHLY UNLIKELY 1	LESS THAN 1% LIKELIHOOD THAT HARM WILL RESULT	MINOR 1	MINOR INJURY OR ILL-HEALTH REQUIRING SIMPLE 1 <sup>ST</sup> AID ONLY

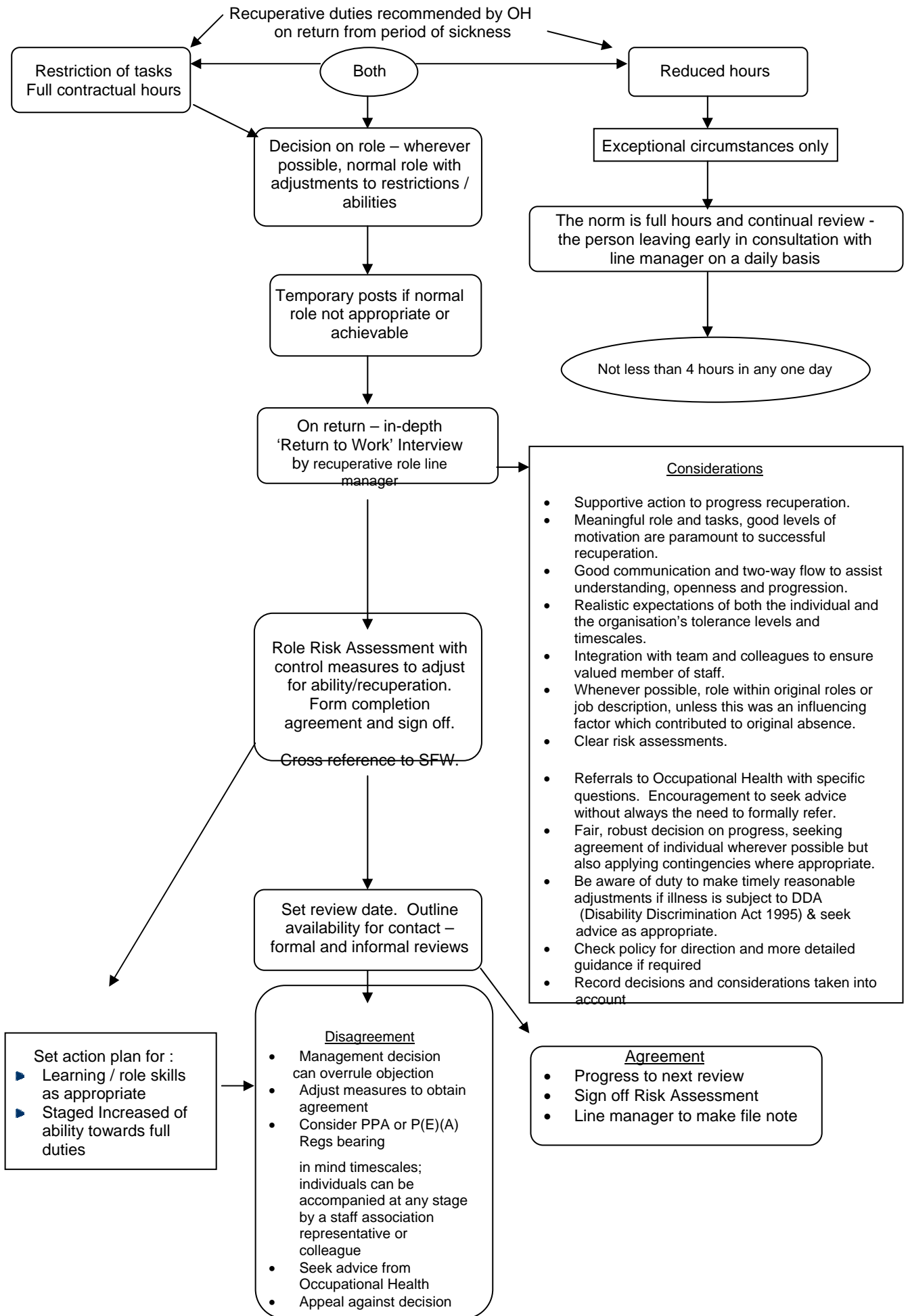
RISK MATRIX						
S E V E R I T Y	VERY HIGH 5	MEDIUM RISK 5	HIGH RISK 10	HIGH RISK 15	VERY HIGH RISK 20	VERY HIGH RISK 25
	HIGH 4	MEDIUM RISK 4	MEDIUM RISK 8	HIGH RISK 12	VERY HIGH RISK 16	VERY HIGH RISK 20
	MODERATE 3	LOW RISK 3	MEDIUM RISK 6	HIGH RISK 9	HIGH RISK 12	HIGH RISK 15
	LOW 2	LOW RISK 2	MEDIUM RISK 4	MEDIUM RISK 6	MEDIUM RISK 8	HIGH RISK 10
	MINOR 1	LOW RISK 1	LOW RISK 2	LOW RISK 3	MEDIUM RISK 4	MEDIUM RISK 5
	HIGHLY UNLIKELY 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	HIGHLY LIKELY 5	
	LIKELIHOOD					

# TVP RISK MATRIX

## RISK BASED ACTION PLAN

RISK LEVEL		ACTION
16 - 25	VERY HIGH RISK	<p>ACTIVITIES INVOLVING A VERY HIGH RISK MUST BE REVIEWED BY SILVER COMMAND &amp; AUTHORISATION TO PROCEED MUST ONLY BE GIVEN WHERE THE THREAT TO PUBLIC SAFETY IS EXTREME.</p> <p>REVIEW ASSESSMENT THROUGHOUT THE ACTIVITY.</p>
9 - 15	HIGH RISK	<p>ENSURE RISK IS AS LOW AS IS REASONABLY PRACTICABLE.</p> <p>IMPLEMENT ANY ADDITIONAL CONTROLS BEFORE CARRYING OUT HIGH RISK ACTIVITIES.</p> <p>REVIEW ASSESSMENT EVERY 3 MONTHS &amp; AFTER ANY SIGNIFICANT CHANGES.</p>
4 - 8	MEDIUM RISK	<p>ENSURE RISK IS AS LOW AS IS REASONABLY PRACTICABLE.</p> <p>IMPLEMENT ANY ADDITIONAL CONTROLS WITHIN 3 MONTHS OF ASSESSMENT DATE.</p> <p>REVIEW ASSESSMENT EVERY 6 MONTHS &amp; AFTER ANY SIGNIFICANT CHANGES.</p>
1 - 3	LOW RISK	<p>ENSURE RISK IS AS LOW AS IS REASONABLY PRACTICABLE.</p> <p>IMPLEMENT ANY ADDITIONAL CONTROLS WITHIN 6 MONTHS OF ASSESSMENT DATE.</p> <p>REVIEW ASSESSMENT EVERY 12 MONTHS &amp; AFTER ANY SIGNIFICANT CHANGES.</p>

**GUIDANCE  
RECUPERATIVE DUTIES**



<b>STATEMENT OF FITNESS TO WORK</b>
-------------------------------------

Forename:	Surname:
Rank/ID number:	DOB:        /        /

Personnel Manager:
Line Manager:
Area:

Reason for Appointment:
-------------------------

**The following is my advice regarding this individual’s fitness to work. Please contact me if you need clarification, or have other information, which you think may affect this advice:**

- Fit to perform full duties as from:
- Fit to perform recuperative duties as of                   . See below for more detail.
- Officer to be classed as permanently restricted. See below for more detail
- Unfit for work

**Hours**

- In line with the new recuperative duties policy, he/she should return on full hours. Due to the possibility of reduced stamina, the hours may need to be adjusted in the short term.
- In line with the new recuperative duties policy, he/she should aim to increase his/her hours to full hours as soon as practicable. Therefore, I advise a meeting with him/her to discuss the way forward. If you need advice on implementation of the policy, please contact the Head of Corporate Health.
- In line with the new recuperative duties policy, he/she should aim to increase his/her hours to full hours as soon as practicable. Given the individual’s resilience, this will need careful consideration to progress hours gradually as necessary. Therefore, I advise a meeting with him/her to discuss the way forward. If you need advice on implementation of the policy, please contact the Head of Corporate Health.

**Duties**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Driving duties:</li> <li><input type="checkbox"/> Unfit to take Witness Statements</li> <li><input type="checkbox"/> Unfit for Shift Work</li> <li><input type="checkbox"/> Regular Screen breaks as per DSE regulations</li> <li><input type="checkbox"/> Other:</li> <br/> <li><input type="checkbox"/> Optima funding</li> <li><input type="checkbox"/> Letter to follow</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Non-confrontational:</li> <li><input type="checkbox"/> Unfit for Manual Handling</li> <li><input type="checkbox"/> Unfit for Custody Duties</li> <li><input type="checkbox"/> Unfit to climb stairs</li> </ul> |
|--|--|

Occupational Health Review:  
Comments

Signature:	Position:
Name:	Date:        /        /

**OCCUPATIONAL HEALTH UNIT - REFERRAL**

**REFERRAL FOR:**

Forename:	Surname:
Rank/ID number:	DOB:        /        /
Home Address:	
Telephone No:	
BCU:	Station/Department:
Post:	

**MANAGEMENT DETAILS:**

Personnel Manager:
Line Manager:
Referred by (if different from above):
Date of referral:                /        /

**1 Previous records: Has this employee been referred to Occupational Health before, for any reason? :**

**2 Please provide a description of employee work responsibilities and duties (attach a job description if available)**

The work has the following major features:

- |   |  |
|---|--|
| <input type="checkbox"/> Physically demanding         | <input type="checkbox"/> Firearms officer                |
| <input type="checkbox"/> Verbal contact with public   | <input type="checkbox"/> Part time                       |
| <input type="checkbox"/> Night work                   | <input type="checkbox"/> Shifts                          |
| <input type="checkbox"/> Physical contact with public | <input type="checkbox"/> Handling chemicals              |
| <input type="checkbox"/> Manual handling,             | <input type="checkbox"/> Working in temperature extremes |
| <input type="checkbox"/> Operating machinery          | <input type="checkbox"/> Mounted section officer/groom   |
| <input type="checkbox"/> Working in isolation         | <input type="checkbox"/> Computer use                    |
| <input type="checkbox"/> Standard driver              | <input type="checkbox"/> Dog Handler Kennel staff        |
| <input type="checkbox"/> Advanced driver              | <input type="checkbox"/> Other (please specify)          |
| <input type="checkbox"/> Management Responsibility    | <input type="checkbox"/> Mentally/Emotionally demanding  |

**3. Reason(s) for Referral**

- |  |   |
|--|---|
| <input type="checkbox"/> Long term sickness absence  | <input type="checkbox"/> Review following previous referral |
| <input type="checkbox"/> Frequent short term absence | <input type="checkbox"/> Works accident                     |
| <input type="checkbox"/> Ability to perform role     | <input type="checkbox"/> Optima funding                     |
| <input type="checkbox"/> Stress Fast Track Policy    | <input type="checkbox"/> Other (please specify)             |

**INFORMATION REQUIRED FROM MANAGEMENT**

Is there any indication that the reason(s) for absence are work related? If yes please give details.

Are you aware of any problems or concerns in the individual's home or personal life? If yes, please give details.

Please provide any additional information relating to this referral, for example details of any action(s) already taken, support given, and/or your view of the circumstances.

**INFORMATION REQUIRED FROM OCCUPATIONAL HEALTH *Tick as required***

- What is the employee's current state of health?
- Are there any underlying problems causing or contributing to absence from work?
- What is the likely date of return to work?
- Are there any duties that the employee will not be able to perform on return to work?

What work modifications and adjustments are advised?

- What work restrictions and recommendations would Occupational Health advice?
- Is the employee disabled under the terms of the DDA?
- What other support could Thames Valley Police consider that would assist the employee?
- Should the employee be considered for a medical pension?
- Other advice sought (please detail below)

Please list below any other specific questions you would like answered:

**Please confirm:**

Please ensure that a copy of the Management Referral has been sent to the employee?  
Has this been done? Yes  No

Referring Manager Name / Signature:

Date:        /        /

If you are e-mailing this form, please send to [ReferralsOHU@thamesvalley.pnn.police.uk](mailto:ReferralsOHU@thamesvalley.pnn.police.uk)