

Sick Leave Management

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Functional Sub group Personnel/Workforce - Leave

Summary Specifies the sick leave entitlements for staff within the NSW Health Service as well as policy and procedures to be followed by management in managing sick leave. This Policy Directive will comprise a chapter of the Leave Matters Manual.

Replaces Doc. No. Sick Leave Management - Policy, Procedures and Eligibility [PD2006_063]

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, NSW Ambulance Service, Public Health Units, Public Hospitals

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Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

SICK LEAVE MANAGEMENT

PURPOSE

This document contains the NSW Health policy for the management of sick leave in the NSW public health system, and a summary of sick leave eligibility provisions for the NSW Health Service.

The policy promotes an active approach to sick leave management and requires that employers develop and implement strategies and procedures for the effective and sensitive management of sick leave absences by staff within their Division/organisation. Such strategies and procedures will aim to ensure the health, safety and wellbeing of all people at the work place, encourage attendance and support staff in fulfilling their work commitments, and ensure that sick leave entitlements are appropriately handled.

MANDATORY REQUIREMENTS

In order to comply with this policy, all employers in the NSW public health system must meet the mandatory requirements set out in the Better Practice Guidelines (Section 2 of the Procedures) and be aware of the Sick Leave eligibility provisions that apply to staff within the NSW public health system (Section 3 of the Procedures).

IMPLEMENTATION

Roles and responsibilities of the NSW Department of Health

Workplace Management and Relations (WRM) Branch is responsible for:

- regularly reviewing and updating the policy and better practice guidelines, based on any legislative, industrial or whole of government requirements; Australian and international best practice; review of state-wide sick leave data; and consultation with employer and employee representatives.

Workforce Development and Leadership (WDL) Branch is responsible for:

- providing Divisions of the NSW Health Service with monthly reports of sick leave taken by the staff of that Division.
- providing quarterly sick leave reports on the whole NSW Health Service to the Deputy Director-General, Health System Support.
- facilitating the monthly meeting of the Directors of Workforce Development, which provides a high level forum for sharing best practice in sick leave management across the NSW public health system.

Health Services Performance Improvement Branch is responsible for:

- ensuring, on behalf of the Deputy Director-General, Health System Quality, Performance and Innovation, that a sick leave indicator is included in the NSW Health Performance Monitoring Framework.

Roles and responsibilities of NSW Health employers:

All employers in the NSW public health system must comply with this policy.

Specific responsibilities related to sick leave management may be defined as follows:

Staff have a responsibility to:

- attend duty in accordance with the industrial instrument or employment contract applicable to them

- when not able to attend duty, notify absences in accordance with the required procedures (sections 2.7 and 2.8)
- take reasonable care for the health and safety of people at work who may be affected by their acts (as required under the *Occupational Health and Safety Act 2000*).

Supervisors/managers are responsible for:

- the day-to-day management of sick leave in accordance with this policy directive
- commensurate with their level of authority, ensuring the health, safety and welfare of staff and others in the workplace, including patients (section 2.5).
- ensuring that staff absence records are accurate and complete (section 2.7)
- monitoring the sick leave levels of staff reporting to them, distinguishing between incidents of chronic illness and patterns of unacceptable sick leave absences, and managing each appropriately (sections 2.9, 2.10, 2.11 and 2.12).

Senior management have:

- an obligation to ensure the health, safety and welfare of staff in accordance with occupational health and safety and injury management legislation
- a responsibility for the management of systemic issues affecting sick leave levels through periodic monitoring of sick leave; identifying and analysing trends or significant variations in sick leave absences by teams/departments, occupational groups, gender, age, job shifts; and initiating action as required (section 2.2).

Chief Executives are to:

- provide overall direction for the policy, procedures and management of sick leave, taking into consideration their responsibilities under occupational health and safety and injury management legislation
- conduct, at regular intervals, a review and comparison of sick leave across the organisation and to other parts of the NSW public health system, and take appropriate action (section 2.2).

Workforce Directorates/Human resources departments are responsible for the coordination of the management of sick leave, while ensuring that the employer obligations under occupational health and safety and injury management legislation, as delegated, are met. These Directorates/Departments should:

- develop, review and administer local sick leave procedures in line with state-wide policy (section 2.1).
- ensure that the employer has a system which provides the necessary information for the effective and efficient management of absences (section 2.2).
- provide training, advice and support to senior management and line managers, and to staff (sections 2.3 and 2.4).
- be involved in cases of long-term and frequent short-term absences (sections 2.10 and 2.11).
- undertake benchmarking, and provide advice to the Chief Executive (section 2.2).
- actively seek and develop appropriate strategies to support attendance and reduce sick leave absences across the organisation (2.6).

Employers should establish expectations with all managers in accordance with the roles and responsibilities detailed above.

REVISION HISTORY

Version	Approved by	Amendment notes
August 2006 (PD2006_063)	Director-General	Amalgamate existing policies on sick leave into a single policy that would also comprise a chapter in the Leave Matters manual
July 2009 (PD2009_050)	Deputy Director-General Health System Support	Minor amendment to incorporate provisions from recent MOUs with Health unions

ASSOCIATED DOCUMENTS

1. Sick Leave Management: Procedures.

Sick Leave Management



Issue date: July 2009

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1 BACKGROUND

1.1 About this document

Staff in the NSW public health system are eligible for sick leave when ill or injured, or, in certain cases, when looking after ill or injured family members. Sick leave is not to be used when absences are not connected with ill health.

Sick leave absences require active management strategies by managers/supervisors to ensure that:

- In line with the requirements of occupational health and safety and injury management legislation, staff who are ill or injured do not pose a risk to their own health, safety or wellbeing, or those of others at the workplace.
- There is minimum disruption to service provision, and organisational viability is secured.
- Staff entitlements are appropriately managed.

This document aims to provide guidance on sick leave eligibility and to assist employers in developing local procedures for the sensitive and effective management of sick leave by staff within their organisation. It also contains an audit checklist to assist in determining how current practices compare to the identified best practice incorporated into this document.

The document was developed in consultation with both employer and staff representation. It should be read in conjunction with the relevant industrial awards.

1.2 Key definitions

Division of the NSW Health Service - consists of the group of staff employed in or in connection with an area health service, a statutory health corporation, or a declared affiliated health organisation; in connection with the provision of ambulance services; or in connection with public health organisations providing corporate and other health support services to those public health organisations.

Employer – means any person authorised to exercise the functions of the employer of staff to which this policy applies.

NSW Health Service - consists of those persons who are employed under Chapter 9, Part 1 of the *Health Services Act 1997* by the Government of New South Wales in the service of the Crown.

Procedural fairness refers to the right of the staff member to:

- be fully informed of any issues or concerns about their employment
- have a fair hearing at all times
- present information to support their circumstances
- objective decision-making about their employment based only on relevant material.

Public health system - Consists of all area health services, all statutory health corporations, and all affiliated health organisations in respect of their recognised services, as well as the Ambulance Service of NSW and the Public Health System

Support Division (currently includes the Institute for Medical Education and Training, Health Support Services and Health Infrastructure).

1.3 Industrial and policy framework

The provisions of relevant industrial instruments must be observed in relation to the eligibility of staff for the grant of sick leave.

Related policies:

- [Bullying, harassment and discrimination: joint management and employee association policy statement](#), PD2005_223
- [Bullying: prevention and management](#), GL2007_011
- [Disciplinary Process](#), PD2005_225
- [Employee assistance programs](#), PD2005_568
- [Employment health assessment](#), PD2005_186
- [Family and community services leave and personal carer's leave](#), PD2007_031
- [Fatigue: prevention and management](#), GL2007_023
- [Flexible work practices](#), PD2005_087
- [Grievance resolution](#), PD2005_584
- [Healthy workforce: policy on improving the health and well-being of public sector employees](#), PD2008_042
- [Injury management and return to work](#), PD2005_328
- [Leading well: role of leadership in improving the prevention & management of psychological injury](#), PD2008_041
- [Performance management](#), PD2005_180
- [Mature-aged workforce](#), PD2005_137
- [Occupational assessment, screening and vaccination against specified infectious diseases](#), PD2007_006
- [Orientation](#), PD2005_187
- [Recruitment and selection](#), PD2006_059
- [SARS - Health Services Staff with Possible Exposure to Severe Acute Respiratory Syndrome](#), PD2005_309
- [Staff mobility](#), PD2006_096
- [Human Swine Influenza – Revised Leave and Attendance Arrangements](#), IB2009_037
- [Workplace health and safety](#), PD2005_409

This list was current at the time this document was issued. Please check for the most recent version on the NSW Health policy directives, guidelines and information bulletins website at <http://www.health.nsw.gov.au/policies/index.html>.

2 BETTER PRACTICE GUIDELINES

2.1 Local procedures

Employers must ensure that written procedures exist for the management of sick leave in line with the state-wide policy, and that the procedures are clear, concise, widely distributed, and well communicated in each organisation.

Local sick leave procedures should be based on the following principles:

- a commitment by management to the health, safety, and wellbeing of all staff
- involvement of and consultation with staff in the development of the procedures
- fair application across the Division/organisation
- an emphasis on the need to consider and be sensitive to each staff member's particular circumstances
- effective communication among management and staff regarding roles, responsibilities and procedures, facilitated through orientation, training, and other education.

Written procedures should reflect that staff are eligible for sick leave under certain conditions (as defined in Part 3, Sick Leave Eligibility) rather than automatically entitled to it.

Written procedures should detail the general steps to be followed in managing sick leave. They should have the flexibility to deal with the particular circumstances of each case. All staff should be made aware of the procedures.

2.2 Information systems and reporting

Employers are to establish appropriate systems and procedures to track and report absence levels and trends. Absence levels must be monitored and reviewed regularly by managers/supervisors, senior management and the Chief Executive.

The information systems currently in use within the NSW public health system do not facilitate compliance with all the provisions of this section at this stage. Employers are encouraged to explore the full range of functionality of existing systems, including a combination of IT and manual collation methods, if necessary.

The requirements of this policy will inform decision-making in relation to the sick leave functionality of the future state-wide information system.

Employers should collect data that will assist them in absence management. The following should be recorded for each staff member:

- paid sick leave
- sick leave without pay
- personal carer's leave paid as sick leave
- other forms of leave (eg annual, long service leave) taken to cover for sickness absence.

It is essential that data collected is complete and accurate in order to maintain data integrity and to ensure that management action is based on correct information. To

ensure this, all sick leave must be supported by an appropriately approved leave form and promptly entered into the human resource information system.

Information requirements and access must be linked to the roles and responsibilities of staff in the organisation. Appropriate systems/processes must be put in place to provide managers with appropriate information to manage their responsibilities:

- Supervisors/line managers require day-to-day information about sick leave absences and levels for staff/teams under their supervision for monitoring and review. The data collected must be such that it can demonstrate the number of occasions of sick leave, patterns and trends in sick leave taken, the length of any sick leave occasion, and whether medical certificates were produced.
- Senior management and the Chief Executive require information to assist them with benchmarking and comparison of sick leave levels and trends within and between Divisions/organisations. Reports should, as a minimum, demonstrate total sick leave per full-time equivalent staff member and occasions of sick leave taken in a defined period.

Such information should be analysed at various levels of the organisation, eg individual, team or unit, department, and organisation wide, as well as by each major occupational category, eg medical, nursing, clerical, maintenance, etc. Analysis of trends may, in some instances, reveal patterns of sick leave that may highlight problems with management or morale at particular workplaces or among particular occupational groups. For example, high sick leave levels coupled with high annual leave or long service leave balances may indicate excessive workloads, where staff may not be permitted to take leave and access sick leave instead. Seasonal patterns may also become evident through such analysis.

- In order to perform their support and advisory role, Workforce Directorates/human resources departments must have access to reports on the sick leave levels of individual staff members, as well as comparative reports with an appropriate level of aggregation for teams/units/departments and organisation.

2.3 Recruitment and orientation

Employers must ensure that all new members of staff are made aware of the sick leave policy and procedures, and expectations regarding attendance and reporting of illness.

Recruitment and selection procedures must ensure that positions are filled on the basis of merit, with supplementary information being sought from referees on the applicants' service history, performance and behaviour at work, including their attendance records. Prospective staff must be given the opportunity to disclose information regarding any health factors that may interfere with their ability to perform the inherent requirements of a position, and require the employer to make reasonable adjustment.

At job induction, new staff should be made aware of NSW Health's positive attitude towards attendance, and provided with information on the procedures for managing sick leave, and on the responsibilities of staff in relation to sick leave.

All staff should have access to a copy of the organisation's sick leave procedures.

2.4 Education and training

All staff and management should be provided with appropriate education, training, advice and support in the application of the policy, absence procedures, and the appropriate handling of related situations.

2.4.1 For staff

Staff should be made aware that the sick leave procedures:

- are fair, equitable, and applied consistently across the organisation
- define both management and staff responsibilities in relation to the policy
- assign responsibility for action at each procedural stage
- begin at the commencement of each absence, not just when an 'unacceptable' level has been reached
- have the flexibility to deal with the individual circumstances of each case
- provide opportunities for the staff member to provide relevant information on his/her absences.

2.4.2 For managers

Supervisors and managers should be provided with the skills necessary to manage sick leave in an effective, yet sensitive manner. The appropriate education, training, advice and support from the human resources department will:

- ensure that managers at all levels understand the need for a commitment to the health, safety and welfare of every member of staff
- ensure that the sick leave policy and procedures are applied consistently, fairly and in a supportive way across the Division/organisation
- ensure flexibility in dealing with the individual circumstances of each case
- provide guidance in conducting return-to-work, follow-up and, where appropriate, disciplinary interviews
- help managers identify appropriate review points
- provide guidance on the range of management options available
- recognise that managers also provide a role model for other staff in relation to sick leave absences.

It is recommended that demonstrated skills in these areas form part of the competency requirements for all supervisors and managers.

2.5 Managing health and safety risks where a staff member may have an illness or injury

Where supervisors/managers are concerned that a staff member currently at work may have an illness or injury that may pose a risk to their own health or safety, or the health and safety of others at the workplace, they must take appropriate action. In such cases, the staff member should be requested to seek medical advice. On the advice of a

registered medical practitioner, supervisors/managers may direct a staff member to proceed on sick leave.

The staff member may be directed to proceed on sick leave while the advice is being sought, if it is considered that there may be a health risk to the staff member, other members of staff or the public by that staff member remaining at the workplace for the time it takes to obtain medical advice.

Where the staff member has exhausted their paid sick leave entitlement, they will proceed on sick leave without pay, or may choose to utilise any annual leave or extended leave entitlement available to them.

Where advice from a registered medical practitioner subsequently provides that the staff member is fit for duty, and the direction to proceed on sick leave was therefore unnecessary, the employer must reinstate any paid leave taken, or reimburse salary for any period of sick leave without pay taken.

If the staff member refuses to seek medical advice, the manager should discuss the issue further with the staff member highlighting the manager's duty of care and responsibilities under the OHS legislation. Attention should also be drawn to the staff member's obligations under the OHS legislation. As a last resort, the manager should refer the staff member for a medical assessment.

Managers/supervisors must also ensure that non-immune members of staff do not work in clinical areas or with patient groups where they either pose a risk of transmitting, or are at risk of acquiring an infectious disease. (See the current NSW Health policy on occupational assessment, screening & vaccination against specified infectious diseases.)

2.6 Strategies for supporting attendance at the workplace

Employers should develop strategies for promoting health and safety and encouraging attendance at the workplace. Such strategies should recognise that hidden factors either within or external to a staff member's workplace may contribute to sick leave absences. Ongoing monitoring should take place to measure the effectiveness of such strategies.

Employers should consider developing strategies to identify and address factors that may detrimentally affect staff attendance levels at the workplace. Such factors may be internal to the workplace eg problematic interpersonal relationships, or external to the working environment eg domestic problems, or a combination of both, and may cause some staff to illegitimately absent themselves from work under the pretext of illness.

Analysis of sick leave levels and trends will provide a starting point for identifying areas (units/facilities, occupational/age/gender/salary groups, particular times or days) that need attention. Causes of sickness absence can be investigated by means such as organisational or climate surveys, or focus groups. Return-to-work interviews may reveal such reasons for sick leave.

Strategies for encouraging attendance should promote a workplace culture which:

- is based on equity and procedural fairness
- relies on effective two-way communication - for example, employers should:

- consider facilitating discussion with staff on reasons for sick leave; the effect of absence on other staffs and the organisation; and the sick leave policy and procedures and how they are best applied in individual management units.
- consult staff/unions in the development of local sick leave procedures.
- encourages realistic productivity and performance management outcomes
- demonstrates management interest in staff job satisfaction and motivation, for example through training opportunities, job redesign, job rotation or peer support
- provides for as much flexibility in work design and organisation as is operationally feasible, for example:
 - employers should allow staff to take short periods of other forms of leave at short notice, including annual leave and Family and Community Service (FACS) leave.
- provides support for staff in balancing work and private responsibilities, for example:
 - provide child care services for staff
 - where operationally feasible, use self-rostering to allow staff to plan ahead.
- demonstrates management commitment to the physical and emotional wellbeing of all staff. For example, employers should:
 - promote occupational health and safety to reduce work risks and improve working conditions
 - support members of staff with any problems that affect their work, for example through counselling services (such as Employee Assistance Programs) or on-the-job training and mentoring
 - support members of staff during and after long-term absence due to illness or injury, for example by regular contact (both to demonstrate concern for the staff member's wellbeing and to keep the staff member informed of workplace news), and, where operationally feasible, by facilitating an easy return to work (eg gradual return or changed duties on return).

Employers may also wish to consider providing:

- health and fitness activities, eg lunch time yoga or touch football (please note that appropriate risk management strategies should be applied to such activities to ensure the safety of all participants)
- health awareness programs on issues such as drug and alcohol abuse, smoking, exercise and diet, heart problems, cholesterol, or stress management.

Support strategies should be constantly monitored to assess their effectiveness in reducing unwarranted absences at the workplace.

2.7 Notification of absences

Employers must ensure that clear procedures are in place for the notification of sick leave absences.

Specific requirements regarding the notification of absences are contained within the various Awards. Staff are required to take all reasonable practicable steps to inform the employer of their absence from work, so that arrangements can be made to minimise

disruption to service provision and impact on other staff. Notice should be provided prior to or at the beginning of the shift wherever possible.

Employers must ensure that local procedures are clear as to who the absence is to be reported to (eg leading hand, supervisor, manager), what method of certification is required (eg medical certificate), and what other information is required (eg duration of the absence).

Appropriately approved leave forms must be completed for all sick leave absences by all staff as soon as possible after return to work (if not already done), and supported by medical certificates where required.

2.8 Evidence of sickness or incapacity

Employers must detail in local procedures when medical certificates will be required and what information they should contain.

Written certificates in support of sick leave applications may be issued by registered health service providers as listed hereunder:

- registered medical practitioners; or
- other persons listed in the relevant award for particular award classifications (eg the Medical Superintendent of the hospital, the Director of Nursing); or
- for a period of up to one week of sick leave, registered health service providers such as:
 - dentists
 - optometrists
 - chiropractors
 - osteopaths
 - physiotherapists
 - oral and maxillo-facial surgeons
 - nurse practitioners
 - at the Director-General's discretion, other registered health service providers.

Where the period of sick leave exceeds one week, and unless the registered health service provider is also a registered medical practitioner, applications for any further sick leave must be supported by a medical certificate from a registered medical practitioner.

Medical certificates should indicate the date on which the examination took place; the degree of incapacity of the staff member; and the date the health service provider or medical practitioner considers the staff member is likely to be able to return to work. Certificates should also indicate whether an injured or partially incapacitated member of staff could return to work on reduced/altered duties, and which duties should not be attempted upon return.

While employers may require the medical certificate to indicate the nature of illness, staff have a right to confidentiality in relation to the reason for sick leave. Where an employer has concerns about the ability of a staff member to perform the duties of his/her position or to do so safely, the employer should:

- Seek the staff member's consent to discuss his/her prognosis with the provider of the medical certificate, or, if the staff member does not consent to this

- Seek a second medical opinion.

All Awards state that staff must supply medically supported evidence of illness for any period claimed as paid sick leave, but allow the employer to dispense with the requirement to supply a medical certificate in certain circumstances: as a general rule medical certificates are not required for absences of two days or less.

Local sick leave procedures should clearly state when medical certificates will be required. In addition, there may be specific circumstances when employers may decide that medical certificates will be required of individual members of staff, or more widely, for all absences for a specified period of time. In the case of individual members of staff, a staff member's unsatisfactory sick leave record is one such instance.

Where unacceptable trends emerge at a unit/department/facility/organisation over particular seasonal/holiday periods, medical certificates may be required of all staff, for example, for any absences that occur either side of annual leave, long service leave, public holidays, Rostered Days Off, and Allocated Days Off.

Before implementing such overall requirements, employers must be satisfied of the need for them, and advise both staff and the relevant union(s). They should also be mindful of the possibility that some staff may have reduced access to medical services during public holidays.

2.9 Review points for absence

Employers must ensure that appropriate review points are set for sick leave absence. Review points may need to be established on a case-by-case basis. At a minimum, they are to include:

- Unacceptable levels of frequent absences.
- Instances where trends in absences emerge.
- Instances of long-term absence of serious incapacity requiring a review of ongoing employment.

Review points are used to assess staff sick leave levels. While review points should be set case by case for each staff member, at a minimum they should be established and noted within local procedures for the following:

2.9.1 First three months of employment

Particular attention should be paid to absences that occur within a staff member's first three (3) months of employment, when no eligibility to paid sick leave exists. Trends appearing within this time frame are often an indication that a health related or other factor is affecting the staff member's ability to work.

In the first three months of continuous employment 3 separate absences without a medical certificate should be considered unacceptable.

Where unacceptable sick leave levels or trends have become evident, the situation should be reviewed and appropriate action initiated. Such action would normally include issuing an initial warning; providing counselling and advice; and requiring medical certificates for all further absences. (See section 2.11, Procedural fairness, and counselling, warnings and disciplinary action.)

If a further absence on sick leave without a medical certificate occurs in the first 3 months after the issue of an initial warning, the staff member should be given final notice that disciplinary action leading to termination of employment will follow any further absences.

2.9.2 Frequent short-term absences

A staff member who has had 8 separate absences, unsupported by medical certificates, in any period of 12 months is considered to have an unsatisfactory sick leave record.

Managers may initiate discussion with the staff member concerned after 5 separate absences unsupported by medical certificates, prior to an unsatisfactory level being reached¹. This should include discussion with the staff member to ensure that valid reasons for absence exist, and that the staff member is aware of the sick leave policy and procedures.

Where the staff member's sick leave record reaches unacceptable levels, it should be reviewed to determine what action should be taken (see section 2.11, Procedural fairness, and counselling, warnings and disciplinary action).

2.9.3 Absences displaying trends

Review points should be set where absences display trends, such as:

- periods of absence not certified by a medical certificate immediately before or after a public holiday, or before or after a period of approved leave (annual leave, long service leave, an Allocated Day Off, or a Rostered Day Off), or on a particular day of the week in a specified period
- periods close to where the staff member may work overtime
- periods of absence associated with occupational health & safety incidents.

Where a trend or pattern can be identified, the employer may require the production of medical certificates for all future absences for a defined period. (See also section 2.11, Procedural fairness, and counselling, warnings and disciplinary action.)

2.9.4 Long-term illness/injury or serious incapacity

See section 2.10 for a separate discussion.

The above review points should also be used where large amounts of sick leave are taken prior to retirement.

In applying review points it is essential that:

- review points are applied consistently across the Division/organisation, and a review of a staff member's sick leave is undertaken when they are reached. Following the review, alternatives for possible further action should be considered in relation to the particular circumstances of the staff member. In this way, staff can be assured that any action is fair and appropriate
- in all cases, the staff member concerned should be provided with an opportunity to discuss his/her reasons for the apparently unacceptable absence levels

¹ As at 15 July 2009, the 5 absences review point does not apply to staff covered under the Public Health Service Employees Skilled Trades (State) Award (Incorporating the Ambulance Service of NSW Skilled Trades), the Operational Ambulance Officers (State) Award, or the Operational Ambulance Managers (State) Award. However, it may still be useful to set review points which highlight the need for action prior to an unsatisfactory level being reached. Action in this case may involve discussion with the staff member as above.

- appropriate documentation must be kept of any discussion or agreed actions following a review of a staff member's sickness absence record
- support/education/training is provided to line managers who are responsible for managing sick leave on a day-to-day basis.

2.10 Long-term illness/injury or serious incapacity

Employers must have procedures in place to actively manage cases of long-term illness/injury and serious incapacity. These should detail options for support such as the Employee Assistance Program, and, where appropriate, options for a medical assessment and a return-to-work program.

Long-term absences and serious incapacity of staff have a negative effect not only on the staff member concerned, but also on management and work colleagues, who must ensure that health services continue to be provided despite reduced resources. It is therefore in the best interest of all parties that issues related to such absences are resolved in a reasonable time frame.

Research suggests that, as with workplace injury, the longer a staff member remains off work, the less likely is his/her return. It is important that regular contact is maintained with the staff member. The line manager should work together with the human resources department to agree on a process for maintaining contact with the absent member of staff, including the frequency of contact.

It is equally important that points are set for reviewing the staff member's capability of returning to pre-illness/injury duties, and for discussing with the staff member what action will be taken next. When establishing review points for long-term illness or injury, expected recovery periods for particular illnesses/injuries should be taken into consideration in each case.

If a member of staff does not appear to be capable of returning to work due to illness or injury, or the employer has concerns about his/her fitness to carry out the duties of his/her position, or his/her ability to do so safely, the employer should refer the staff member for a medical assessment.

Procedures should outline options to be considered at the completion of a medical assessment. These may include, but are not limited to:

- return to work in the current position
- return to work on reduced hours/duties
- job redesign to facilitate return to work
- return to work in an alternative position for a specified period of time
- return to work in an alternative position on a permanent basis
- continued absence for a specified period of time
- medical retirement.

Where the staff member doesn't agree with the outcome of the medical assessment, or where there is conflicting evidence about their fitness to carry out their duties, the staff member should have access to a review mechanism. The review should be conducted by an agreed third party, and both the staff member and the employer must agree to abide by the findings.

Employers are encouraged to extend their return-to-work program, where practicable and where resources permit, to staff with significant non-work related illnesses or injuries. As with work-related illnesses or injuries, this must be done in consultation with relevant medical personnel.

Staff should also be provided with other support options, such as the organisation's Employee Assistance Program.

For medical assessments in the context of managing workers compensation claims, refer to s119 of the *Workplace Injury Management and Workers Compensation Act 1998* (available at www.legislation.nsw.gov.au) and the current WorkCover NSW guidelines on independent medical examinations and reports, available at www.workcover.nsw.gov.au.

2.11 Procedural fairness and counselling, warnings and disciplinary action

Employers must ensure that procedural fairness is observed in relation to counselling, issuing warning letters and taking disciplinary action.

As unacceptable absences or unexplained absence patterns by individual members of staff may have a negative impact on workplace morale, on the workload of their colleagues, or on health service provision, managers must take appropriate action to manage such absences. (Section 2.9, Review points for absence review, provides further information on what is considered unacceptable.)

Research indicates that where an individual staff member's attendance becomes a cause for concern, good-practice work places are likely to respond with a non-disciplinary meeting (eg counselling) or if appropriate referral for a fitness to continue assessment.

However, in some instances sick leave absences may eventually become a disciplinary matter (eg excessive and unsubstantiated short-term absences). Such disciplinary processes may need to be managed in cooperation with human resources departments. It is essential that the principles of procedural fairness (as defined in Definitions) are adhered to throughout this process. The staff member must always be provided with an opportunity to comment on absences considered to be unacceptable or unexplained. Counselling should always precede any sanctions (such as a requirement to produce medical certificates for further absences) and must include clear indications of the next steps to be taken.

A staff member with continued unacceptable sick leave absences should be issued two formal written warnings followed by an appropriate review period prior to any consideration of actual disciplinary action.

Note that formal warnings:

- **are not appropriate** where the member of staff has a chronic illness, supported by medical certificates. Where the absences are frequent and have occurred over a prolonged period, the staff member may need to be referred for a fitness to continue assessment to ascertain his/her fitness to perform the duties of his/her position.
- **may not be appropriate** where the attendance record for the whole of a person's career is considered satisfactory. It should be assessed whether the absences in the preceding twelve months were a result of abnormal sick leave, or were the commencement of a trend. It may be preferable to discuss the issue

with the staff member, and keep his/her attendance record under review to assess whether it improves. The outcome of the discussion should be recorded.

Where it is appropriate to issue an *initial warning*, this should, as a minimum:

- confirm that the staff member has been advised of the organisation's sick leave procedures and of the implications of unsatisfactory attendance
- advise the staff member that his/her attendance level is considered unacceptable
- bring to the staff member's attention the amount of sick leave taken or the trend that has emerged, and provide the staff member with a copy of his/her attendance record for the period of review (12 months or less)
- advise the staff member that his/her attendance level will be closely monitored for a specified period of time (eg 6 months) and that improvement is expected over that time
- outline consequences should improvement not occur.

Should a staff member show improvement in his/her attendance record in the 6 months following the issue of a formal written warning, the monitoring of attendance should revert to normal.

If no improvement is noted in the 6 months following the issue of a formal written warning, or if a further 2 absences unsupported by medical certificates occur, the staff member should be issued a second formal warning letter.

The *second formal warning* letter should, as a minimum:

- refer to the initial warning and the fact that no or insufficient improvement has been demonstrated
- require the production of medical certificates for future absences on sick leave for a set period of time (eg 6 months)
- advise the staff member that unless his/her attendance record improves, disciplinary action up to and including dismissal may be taken
- provide a further opportunity to discuss reasons for continued absence and possible strategies to deal with the problem (eg the use of Employee Assistance Programs or medical assessment).

Where a staff member's attendance level remains unacceptable after the issue of two written warnings, the record should be reviewed by an appropriately delegated officer. Consideration at this stage may include, but may not necessarily be limited to, disciplinary action, including the possibility of termination of the contract of employment.

Where disciplinary action is initiated, the organisation's formal disciplinary procedures should be followed. Refer also to the current NSW Health policy on managing the disciplinary process.

At every stage of the process, the staff member has the right to have a support person (for example, another member of staff, a union representative, etc.) present. Privacy and confidentiality must be maintained at all times, and adequate documentation must be kept of all stages of the process.

2.12 Return-to-work interviews

Employers should ensure that local procedures include return-to-work interviews, and that managers are skilled in handling such interviews.

Research indicates that one of the best ways to manage sick leave is for the line manager to talk to the member of staff, however briefly or informally, about the absence when he/she returns to work. Return-to-work interviews may be conducted after each absence, or at a predetermined point, for example, when a trend emerges, or after long-term illness.

Return-to-work interviews provide a line manager with an opportunity to:

- demonstrate support and concern for the health of the staff member
- investigate any underlying reasons for absence and any strategies to deal with them
- demonstrate the willingness of the employer to deal with sick leave as a management concern
- outline the impact of absence on the organisation in general and on fellow workers
- reinforce desirable attendance attitudes
- in cases of long-term absence, re-acquaint the staff member with the work place and any changes
- provide a level of scrutiny that discourages staff from taking unnecessary sick leave
- discuss the implications of continued absence, including the agreed procedures, and the availability of Employee Assistance Program or other alternatives
- set individual targets for improvement
- discuss the option of a medical assessment to review the staff member's ability to continue to undertake his/her duties.

Employers should ensure that line managers are skilled in sensitive but effective interview techniques. This will ensure that all interviews are appropriately conducted. Records of any actions agreed on following interviews are to be retained on the staff member's personal file, and the staff member is entitled to access these records.

3 SICK LEAVE ELIGIBILITY

3.1 About this section

This section sets out sick leave eligibility provisions that form the basis for the better practice guidelines outlined in the section 2 of this document.

The aim of these provisions is to ensure that sick leave is granted to staff only in circumstances of genuine illness.

3.2 Applicability

The provisions of relevant industrial instruments must be observed in relation to the eligibility of staff for the grant of sick leave.

The following applies to staff within the NSW public health system. However, management and staff in the Ambulance Service of NSW should also refer to the relevant Awards and local procedures.

3.3 Eligibility and accrual

A staff member is eligible for paid sick leave when the staff member:

- is incapacitated for the performance of duties by a physical or psychiatric or psychological illness; an injury; or an illness or injury associated with pregnancy or childbirth (but not pregnancy/childbirth itself)
- risks further impairment to his/her health by reporting for duty
- undergoes treatment by a registered health service provider as specified under 'Medical Certificates' in section 2.8, where an appointment could not be obtained outside the normal working hours of the staff member; or the treatment was urgently needed; or the staff member is attending legitimate therapy, training, counselling or rehabilitation (eg for a disability, injury or accident, alcohol/drug or gambling dependency, post-traumatic shock, or comparable condition), and provides evidence of need and of attendance
- would, as determined by the employer under the advice of a registered medical practitioner, jeopardise the health, well-being or safety of others by his/her presence in the workplace, for example by exposing other staff to a communicable disease
- is required to provide care for another family member who is ill or injured. In this case, sick leave is to be accessed as Personal/Carer's Leave².

3.3.1 First three months of service

Any absence for reasons of sickness or incapacity in the first three months of employment will be regarded as sick leave without pay. This will not apply where a member of staff is able to transfer entitlements under the provisions outlined in Chapter 11 Mobility of Leave of the Leave Matters Manual for NSW Health Services.

² Refer to the Industrial Relations Commission of NSW decisions in relation to Personal/Carer's Leave and the provisions of the Department of Health Circular 97/11.

Staff moving within the NSW Health Service maintain their accumulated sick leave balance regardless of which Division they are currently working in.

There is no provision for the back-pay of sick leave taken in the first three months of service once the staff member becomes eligible for paid sick leave.

3.3.2 After the first three months of service

Staff become eligible for a full year's entitlement of paid sick leave on the first day of the fourth month of employment. (See also 3.3.4.) In subsequent years further paid sick leave is available on the anniversary of employment.

Paid sick leave is cumulative and there is no limit to the total accumulation. The monetary value of accumulated paid sick leave is not payable on termination.

Leave without pay (including sick leave without pay and maternity, adoption or parental leave without pay) in excess of 28 consecutive calendar days does not count as service for the purposes of sick leave accrual.

3.3.3 Full-time staff

Individual Awards must be consulted to determine the amount of paid sick leave available for each classification of staff. In summary the extent of current eligibility is listed in the following.

Award	Eligibility
Health Employees Conditions of Employment (State) Award	Radiographers including trainees – 70 rostered ordinary hours per year of continuous service. All other classifications – 76 rostered ordinary hours per year of continuous service
Hospital Scientists (State) Award	76 rostered ordinary hours per year of continuous service
Public Hospitals (Professional and Associated Staff) Conditions of Employment (State) Award	76 rostered ordinary hours per year of continuous service
Public Hospital (Career Medical Officers) (State) Award	76 rostered ordinary hours per year of continuous service
Public Hospital (Medical Officers) Award	76 ordinary hours per year of continuous service
Public Hospital Medical Superintendents (State) Award	10 days per year of continuous service
Public Health System Nurses and Midwives (State) Award	76 rostered ordinary hours per year of continuous service
Public Health Service Employees Skilled Trades (State) Award (incorporating the Ambulance Service of NSW Skilled Trades)	76 ordinary hours per year of continuous service (note: in this award, although a standard working day is 8 hours, 7.6 hours of sick leave is deducted per day)
Staff Specialists (State) Award	10 working days per year of continuous service

3.3.4 Transferred public service employees

For NSW Public Service staff transferred to the NSW public health system as a consequence of the transfer of their positions, please refer to Schedule 3 of the *Health Administration Act 1982* (clause 6) for sick leave eligibility and accrual.

Special sick leave – transferred public service employees

Special sick leave is a grant of paid sick leave additional to the annual or cumulative entitlements, and its application is reserved for occasions of long-term illness only.

NSW Public Service staff transferred to the NSW public health system may be granted Special Sick Leave if the Chief Executive or delegate approves and if the staff member satisfies the following criteria:

- has 10 years or more service;
- has been or will be absent for a period of at least 3 months; and
- has exhausted or will exhaust, all normal sick leave entitlements.

Special sick leave is not to be taken into account when calculating normal annual or cumulative entitlements. It is only to be taken into account when assessing the availability of further entitlements of special sick leave.

3.3.5 Part-time staff

Part-time staff are eligible for paid sick leave on a pro rata basis.

3.3.6 Temporary staff

Temporary staff employed for periods not exceeding 13 weeks have no entitlement to paid sick leave.

Temporary exempt staff engaged for a continuous period in excess of 13 weeks are entitled to sick leave in the same manner as permanent full-time and part-time staff.

3.3.7 Casual staff

Casual staff have no entitlement to paid sick leave.

3.4 Payment for sick leave taken

3.4.1 All staff

Sick leave is to be paid at the ordinary rate of pay. Penalty rates (including public holiday penalties), shift allowances, and any other additional allowances are not to be included in payment for sick leave.

However, the *Public Hospital (Career Medical Officers) (State) Award* and *Public Hospital (Medical Officers) Award* provide that full pay for the purpose of sick leave includes uniform allowance (please refer to these Awards for further information).

In addition, for staff employed at any public hospital prior to 5 September 1963, who continue to be so employed from that date, full pay for the purpose of sick leave includes a Service Allowance, where such an Allowance is presently paid.

3.4.2 Part-time staff

Part-time staff who receive a part-time loading are entitled to their part-time loading on any paid sick leave. The part-time loading is also payable where a staff member rostered to work a weekend shift takes paid sick leave (the weekend penalties are not payable).

3.4.3 Public holidays

A staff member who is rostered for duty on a public holiday but takes sick leave is not entitled to any of the usual benefits associated with public holidays. If the staff member is eligible for paid sick leave, he/she will be paid one day's sick leave, and his/her sick leave balance will be debited for the number of rostered hours.

3.4.4 Debit of sick leave – 38-hour week

For staff employed under a 38-hour week agreement, sick leave is credited at 76 hours per year. For all staff other than those employed under the conditions of the *Public Hospital Skilled Trades (State) Award*, leave is to be debited on the basis of the actual hours rostered to be worked. In addition, subject to special conditions a further 4 hours sick leave may be available.

In summary, once the 76-hour entitlement has been exhausted in any one year and no entitlement has been carried over from previous years, an additional 4 hours is to be paid even though no credit exists. This concession is granted only for those staff whose Award provides for a 38-hour week. This is considered to be special sick leave and will not affect the subsequent year's entitlement, ie it is not sick leave in advance.

Staff employed under the *Public Hospital Skilled Trades (State) Award* will be credited with 76 hours of sick leave per year and will be debited at 7.6 hours per day. (Note that time towards an allocated/rostered day off still accrues at 0.4 hours per day during sick leave.)

3.5 Special sick leave for bone marrow donors

The Director-General has determined that a grant of special sick leave (as a separate entitlement from sick leave) will apply in the following circumstance:

Staff who are listed on the Australian Bone Marrow Donor Registry and are called upon to donate bone marrow, or who may not be listed on the Registry, but are required to donate bone marrow for a family member, may be granted special sick leave for the ordinary working time lost in attending bone marrow donation procedures.

Special sick leave in this instance should be limited to 5 days on each occasion and is subject to the production of a medical certificate.

Additional leave, if required, may be accessed from leave credits for sick leave, annual leave or long service leave, or taken as leave without pay.

3.6 Workers Compensation issues

Where a staff member suffers a work-related injury or illness, he/she is entitled to seek workers compensation. Sick leave should not be used as a substitute for workers compensation. Weekly payments should commence within 7 days of the receipt of the initial Notification of Injury, prior to the acceptance of claim liability by the employer. Payments can be made for a period of up to 12 weeks.

Annual or sick leave entitlements may be utilised from when absence commences until workers compensation payments commence. Once payments have commenced, leave used shall be reinstated.

3.6.1 Claims for damages or compensation other than workers compensation

A member of staff who suffers an illness or injury which may give him/her a right to claim damages or compensation (other than workers compensation in relation to Third Party etc.) is required to reimburse the organisation/facility for the monetary value of any sick leave granted for that illness or injury where their claim of damages or compensation is successful.

Before a staff member is granted sick leave under the above circumstances, he/she must complete a written undertaking to include in any general claim for damages a claim for the monetary value of the said sick leave.

There have been occasions where claims for damages have not included claims for the monetary value of sick leave granted, despite the staff member giving a written undertaking to reimburse the organisation/facility. Consequently, staff have objected to reimbursing the organisation/facility out of damages recovered for personal losses.

This situation can be avoided by advising the staff member to inform his/her solicitor that a written undertaking to repay the organisation/facility for the monetary value of sick leave exists, and that a claim for this amount should be included in the overall claim for damages.

Where a member of staff reimburses the monetary value of any sick leave granted, he/she shall have the amount of sick leave reinstated to his/her sick leave credits.

Suggested statement format for undertaking to refund monetary value of sick leave

In the event of any damages or compensation being recovered by me, either in a contested action, or by way of settlement of any claim made in respect of an accident which occurred on (insert date), involving myself and (insert name of defendant), I undertake to refund to the (insert name of organisation) the monetary value of sick leave granted to me as a result of the injuries or illness sustained in the accident.

I understand that, should any damages or compensation received by me represent a reduction from those which would have been received but for any contributory negligence, (insert name of organisation) may, at its discretion, reduce the amount of the monetary value of the sick leave required to be repaid as a result of this undertaking.

Signature

Date

4 LIST OF ATTACHMENTS

1. Audit Checklists

Attachment 1: Audit checklist

The following checklist has been developed to assist employers to improve their sick leave management procedures in line with the NSW Health policy. Current practices should be compared to better practice in the checklist to assist employers in identifying areas that may require improvement.

Implementation: Roles and responsibilities of NSW Health employers	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Do sick leave procedures clearly define the roles and responsibilities of staff, direct supervisors/managers, human resources personnel, senior management and the Chief Executive?		<input type="checkbox"/>
Is day-to-day management of a staff member's attendance the responsibility of the staff member's direct supervisor/manager?		<input type="checkbox"/>
Does senior management have a role in reviewing attendance levels and initiating appropriate action at regular intervals?		<input type="checkbox"/>
Does the Chief Executive conduct a review and comparison (internal and external) of sick leave by facilities/departments/units, and the organisation as a whole, at least annually?		<input type="checkbox"/>
Are supervisors and managers given the necessary training/ support and materials to carry out their sick leave management responsibilities in an effective but sensitive manner?		<input type="checkbox"/>
Does the Workforce Directorate/human resources department provide the required advice and support to management and staff in their respective roles and responsibilities related to managing absences?		<input type="checkbox"/>
Local procedures (2.1)	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Does the organisation have written sick leave management procedures consistent with the NSW Health policy on sick leave?		<input type="checkbox"/>
Were staff and the unions involved in the development of the procedures?		<input type="checkbox"/>
Do the procedures <ul style="list-style-type: none"> • spell out simply management's expectations on attendance at work? • demonstrate management's commitment to ensuring a safe and healthy workplace? 		<input type="checkbox"/> <input type="checkbox"/>
Are the sick leave policy and the procedures linked to the organisation's business objectives (for example, a statement in the business plan and/or corporate plan expressing commitment to and improvement of attendance rates)?		<input type="checkbox"/>
Do procedures facilitate the implementation of the policy in practice (for example, reporting requirements [who, when, what], certification requirements, record keeping, identified review points, and alternative courses of action)?		<input type="checkbox"/>

Are procedures expressed in clear, concise and unambiguous language (for example, easily understandable flow charts demonstrating the procedures, or sample letters covering common situations)?	<input type="checkbox"/>	
Are processes in place to ensure that the sick leave policy and procedures are clearly communicated to staff and managers?	<input type="checkbox"/>	
Are sick leave procedures reproduced in a suitable form, hard copy and/or electronic format, and made available to all staff and management at regular intervals?	<input type="checkbox"/>	
Are sick leave procedures consistently applied to ensure fairness and transparency?	<input type="checkbox"/>	
Do sick leave procedures have the flexibility to consider each staff member's individual circumstances?	<input type="checkbox"/>	
Information systems and reporting (2.2)	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Does the sick leave data maintained include dates, days, duration, and whether the absence was medically certified?	<input type="checkbox"/>	
Is the sick leave data securely maintained, that is, are changes to data allowed only after proper authorisation by senior management?	<input type="checkbox"/>	
Does the information system meet the requirements of all users?	<input type="checkbox"/>	
Is information: <ul style="list-style-type: none"> • accurate? • reliable? • easy to understand and interpret? • consistent? • timely? • accessible? • in a form that allows for reporting at different levels? 	<input type="checkbox"/>	<input type="checkbox"/>
Does the system allow for comparisons and other analytical techniques to be carried out?	<input type="checkbox"/>	
Is an analysis and review of sick leave information undertaken regularly to identify problems and unusual trends or patterns of absence <ul style="list-style-type: none"> • by supervisors/managers on an ongoing basis? • by senior management on a periodical basis? • by the human resources unit on a periodical basis and as required? • the Chief Executive at least annually? 	<input type="checkbox"/>	<input type="checkbox"/>
If problems are identified as a result of monitoring and analysis, is action taken by the supervisor/manager in accordance with the written sick leave procedures?	<input type="checkbox"/>	
Is the progress of staff with identified high absence levels (either due to ill health or other reasons) monitored by supervisors/managers?	<input type="checkbox"/>	
Recruitment and orientation (2.3)	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Do new staff receive information on the sick leave policy and procedures?	<input type="checkbox"/>	

Is a copy of the organisation's sick leave procedures accessible to all new staff?	<input type="checkbox"/>	
Is sick leave specifically monitored for the first three months of employment?	<input type="checkbox"/>	
If the attendance level of a new member of staff is unsatisfactory during the first three months, is appropriate action taken (for example, counselling offered)?	<input type="checkbox"/>	
Education and training (2.4)	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Have all staff received information on the application of the sick leave policy and procedures?	<input type="checkbox"/>	
Are staff made aware of the impact of sick leave on the organisation (for example, financial, increased pressure on fellow staffs, reduction in service delivery)?	<input type="checkbox"/>	
Is support, education and training, as appropriate, being provided for supervisors/managers to provide them with skills to: <ul style="list-style-type: none"> • effectively manage absence levels? • ensure a consistent approach to the application of the sick leave policy? • identify a range of options, strategies and support available to them? • identify the most appropriate course of action on a case-by-case basis? • conduct sensitive but effective return-to-work interviews? • provide appropriate counselling to staff? • deal with difficult situations and cases? 	<input type="checkbox"/>	<input type="checkbox"/>
Managing health and safety risks where a staff member may have an illness or injury (2.5)	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Have managers been made aware of their duty of care and responsibilities under the OHS legislation?	<input type="checkbox"/>	
Have managers been made aware of requirements of the current NSW Health policy on occupational assessment, screening & vaccination against specified infectious diseases, and their responsibilities under that policy?	<input type="checkbox"/>	
Have supervisors/managers been provided with guidance on how to manage situations where they are concerned that a staff member may present a risk to their own health and safety or the health and safety of others at the workplace?	<input type="checkbox"/>	
Strategies for supporting attendance at the workplace (2.6)	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Has the employer developed strategies to identify and manage possible work-related factors affecting sick leave levels (eg morale problems, interpersonal relationships)?	<input type="checkbox"/>	
Has the employer considered introducing specific incentives to support attendance at the workplace (eg flexibility in working hours, individual development plans, health awareness programs)?	<input type="checkbox"/>	
If so, are staff encouraged to take advantage of these initiatives?	<input type="checkbox"/>	
Are staff offered professional support services, such as counselling, if required?	<input type="checkbox"/>	

When review points are reached, is the case reviewed and alternatives for possible further action considered in relation to the particular circumstances of the staff member?	<input type="checkbox"/>	
Long-term illness or serious incapacity (2.10)	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Is there a clearly defined and planned approach for managing long-term illness/injury?	<input type="checkbox"/>	
Is regular contact maintained with staff on long-term sick leave?	<input type="checkbox"/>	
Is there a protocol for identifying when staff are to be referred to a medical assessment (for example, expected recovery periods for various ailments)?	<input type="checkbox"/>	
Are managers familiar with the options following a staff member's medical assessment? For example: <ul style="list-style-type: none"> • return to work in the current position • return to work on reduced hours/duties • job redesign to facilitate return to work • return to work in an alternative position for a specified period of time • return to work in an alternative position on a permanent basis • continued absence for a specified period of time • medical retirement 	<input type="checkbox"/>	<input type="checkbox"/>
Procedural fairness and counselling, warnings and disciplinary action (2.11)	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Are staff counselled and offered appropriate support, assistance and guidance in achieving the expected standards?	<input type="checkbox"/>	
Do sick leave management procedures define when warnings should be issued?	<input type="checkbox"/>	
Does the human resource department provide support and mentoring to managers on issuing warnings?	<input type="checkbox"/>	
When all appropriate action has been taken but the staff member's attendance level has not improved, is the sick leave record of the staff member reviewed by an appropriately delegated officer to determine what further action should be taken (such as assessment of the staff member's fitness to continue duty, disciplinary action)?	<input type="checkbox"/>	
Are staff advised that they may bring a support person (eg union representative, another member of staff) to a disciplinary meeting?	<input type="checkbox"/>	
Is adequate documentation kept on all processes (for example copies of letters, record of meetings)?	<input type="checkbox"/>	
Are privacy for discussions and confidentiality on documents maintained at all times?	<input type="checkbox"/>	
Return-to-work interviews (2.12)	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Do managers conduct return-to-work interviews where appropriate?	<input type="checkbox"/>	
Have guidelines been provided to supervisors/managers to ensure consistency in the manner of conducting interviews?	<input type="checkbox"/>	

Are supervisors/managers skilled in conducting effective but sensitive interviews?	<input type="checkbox"/>
As part of the interviews, are staff reminded that counselling and Employee Assistance Programs are available?	<input type="checkbox"/>
Do managers provide staff with written confirmation on any action agreed on during the interview?	<input type="checkbox"/>