# Supporting an Injured Worker Return to Work

MAIRÉAD CONROY

A review commissioned by the WORKPLACE safety initiative



Commissioned by the Workplace Safety Initiative

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# Acknowledgements

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**Mairead Conroy**
Rehab Enterprises
Access Ability
Rehab Group
Roslyn Park
Sandymount
Dublin 4

mairead.conroy@accessability.ie

# 1 Introduction

The scope of this review is concerned with those people who despite measures aimed at workplace safety, become injured or ill due to an accident at work. In particular itdetails measures, which may be taken by employers and/or workers to facilitate the safe return to work of the injured worker. Some of the resources and supports available to employers and workers to support the injured worker back to work are outlined.

This review examines how employees absent from work due to work-related injury can be most effectively supported in order to make a successful return to work, thus ensuring that the injury does not 'disable' an employee, shifting such an employee from the active labour market into the disabled/long-term absence category.

Absence from the workplace as a result of work injury generally leaves individuals dependent on the Social Welfare Disability Payments system. Such dependency, combined with exclusion from a work environment has a negative impact on those who are excluded, decreasing their ability to participate in all aspects of Irish life, as well as placing a financial cost on society and a taxation burden on business.

This review aims to provide an insight into best practice in supporting an injured worker return to work and practical guidance on the resources available to employers and workers. It is hoped that the review will be of practical benefit to anyone interested in rehabilitation and retention.

The recent changes in health and safety legislation as well as a general culture shift towards improving workplace health and safety has placed obligations on workers and employers to consult together, and to do their utmost to prevent workplace accidents from occurring in the first place. There is a growing acceptance that greater effort is needed to retain employees who have been affected by poor health, injury or disability, in paid employment.[1] Where workplace illness/accidents occur, employers ought to deal with the effects of the accident or illness in a fair and humane way.

1 Emery L. (2002) **Rehabilitation and Retention What works is what matters.**

# 2 Historical Perspective

To understand the present position of people with disabilities we need to look to the past. Historically, Irish society has tended to isolate and segregate individuals with disabilities. The history of disability in Ireland and the western world has been characterised by the development and evolution of several models of disability which influence and inform our attitudes and response to people with disabilities. There are distinct phases in Irish history (and indeed in the history of countries further afield) which span the range of interventions from the "hidden-away" approach, and the charitable approach to the medical and social models of disability.

## The "Hidden-Away" Approach

In the 18th century many people with disabilities were kept indoors at home and were not involved in the community.

## The Charitable Approach

In the 19th century many people with disabilities were regarded as "objects of charity", were housed in institutions operated by charitable organisations and were dependent on the goodwill of others. These institutions operated under what has become known as the medical model of disability.

## The Medical Model of Disability

The medical model views people with disabilities as having medical problems that need to be cured if possible. A person with a disability was seen as being sick and being in need of care. The dominant idea is that their lives are restricted by an "impairment".

The medical model came about as "modern" medicine began to develop in the 19th Century. People influenced by the medical model see people with disabilities as needing medical treatment. If a cure is impossible, then they believe society ought to care for people with disabilities, generally in residential institutions and hospitals. Such people were regarded as sick, and were excused from the normal obligations of society: going to school, getting a job, taking on family responsibilities, etc.

The medical model dominated for many years and influenced the way society treated people with disabilities, which sheltered them and failed to allow them access to meaningful educational and employment opportunities. This way of thinking is criticised now by many

commentators and activists because it results in disempowering people with disabilities from leading independent lives.

The first major change in attitudes towards disability came to the fore in Europe after the Second World War when rehabilitation was first considered for those who had acquired a disability in adulthood – for example, for returning soldiers in need of artificial limbs.

The increased use of the motor car in the 1960's and the corresponding rise of road traffic accidents led to the establishment in Ireland of a National Medical Rehabilitation Centre.

The actions of the civil rights movement in the United States also had an impact across Europe during the '60's and led to the founding of various lobbying groups in Ireland such as the Union of Voluntary Organisations for the Handicapped and the National Association for the Mentally Handicapped of Ireland. Both of these organisations are still in existence today and are now known as the Disability Federation of Ireland and Inclusion Ireland respectively.

## The Social Model of Disability

The social model of disability was developed in the 1970's and has come to the forefront in recent years and is a challenge to the medical model. In direct contrast to the medical model, the social model locates resolution of the disability issue in societal attitudes rather than within the individual.

It is based on the premise that people are not disabled as such because of illness and impairment. Instead, it describes "disability" not as a medical issue but as one where people with disabilities face daily obstacles in ordinary living. This, it is argued, is a result of the way we design and build our towns and cities, and the way we organise our social activities. In turn this approach creates barriers and obstacles for those with disabilities.

This model emphasises the way in which the environment or social circumstances hinder a person from leading a full and equal life. In the view of this model, people with disabilities cannot compete on equal terms because society has created too many barriers. This is opposed to the medical model that places the cause of disability upon the person's impairment.

The social model of disability also sees the ability of the individual as distinct from their disability and identifies social discrimination as being the most significant problem experienced by persons with disabilities.

Public policy in Ireland in recent years has been oriented towards a social model of service provision which should, over time, inform attitudes and responses when supporting an injured worker return to work.

## Holistic Approach

The “holistic” approach or the “whole person approach” encompasses personal, social and environmental factors. It views disability in terms of the health of the person and the environmental context in which they live. It combines the best elements of the medical and social models.

A holistic approach is needed in order to successfully support an injured worker back to work, a model which focuses not only on the physical aspect of the worker’s injury or illness, but also on workplace factors and environmental barriers which present additional barriers for the worker with a disability.

To achieve the best outcome from this approach, the emphasis needs to shift from the person’s disability to the changes society and business can make relatively easily to minimise the impact of injury on a worker’s capacity to successfully perform his or her job and to enable that person to contribute their skills and productivity, both to the enterprise and to the wider society.

# 3 Executive Summary

This review was commissioned by the Workplace Safety Group and is concerned with the specific subject of supporting the injured or ill worker to return to the workforce. In particular, it is concerned with people who become "long term absent". For the purposes of the review this is defined as being absent from the workplace due to an accident at work, or work-related illness for six weeks or more. In particular, it details measures which might be taken by employers and/or workers to achieve a successful and safe return to work. It identifies current and recent research in best practice on supporting workers to return to the workplace after a work-related injury and includes case studies and collates available information on the quantum and range of services currently available.

Research indicates that 80 percent of those who are long-term absent for six weeks or more need some assistance to return to work. By six months, the probability that an employee will return to work has reduced to about 50 percent[2] and for those absent more than twelve months, the probability is less than 20 percent[3].

The report also examines how employees absent from work due to work-related injury can be supported to return to work, thus ensuring that the injury does not 'disable' an employee, shifting such employees from the active labour market into the disabled/long-term absence category.

## Facts and Figures

Census 2002 was the first census in Ireland to measure the number of people with disabilities. It showed 8.3 percent of the total population and 10.4 percent of adults had a disability[4]. According to figures compiled by the 2002 Quarterly National Household Survey, among those of working age with a disability or longstanding illness, 15 percent have had the condition from birth and for the rest disability has been acquired.[5] Most disability is acquired in adult life, not at birth or in childhood.

The number of Injury Benefit claims awarded by the Department of Social and Family Affairs during 2005 was 11,759. The vast majority make a good recovery and the number of Injury Benefit claimants who claimed for full duration (156 days) in 2005 and then transferred to Disability Benefit was 266. The statistics show that most disability is acquired in adult life and that

2 RETURN (2001) **Interim Report on Phase 2 of Research.**

3 National Institute of Disability Management and Research (1995) **Disability Management in the Workplace: A Guide to Establishing a Joint Workplace Program.**

4 & 18 National Disability Authority (2005) **How far towards equality? Measuring how equally people with disabilities are included in Irish society.**

5 National Disability Authority (2005) **Disability and work The picture we learn from official statistics.**

there is a significant drop-off in employment after a year has elapsed since onset of a disability. This illustrates how important it is to have strategies that can keep people in work after the onset of a disability.

## Review of International Practice

A range of key issues emerged in the review of national and international practice. These include:

## Employer Concern over Long-term Absence

The number of people claiming long-term disability payments is rising, exceeding 10 percent of the labour force in some Member States of the European Union. The probability of returning to work is less than 50 percent for those who are absent for between three and six months.[6] Long-term absence is an important management issue.

## Workplace Factors

Workplace factors, such as lack of contact with workplace management and colleagues, lack of procedures for dealing with disability and company culture, can all contribute to the likelihood that someone will fail to return to work. In addition, the design of return to work systems is often inadequate. A timely and appropriate response is crucial as soon as an illness/injury begins to affect an employee's capacity to work[7] or to return to work.

## Benefits of Rehabilitation

Rehabilitation can be defined as 'any method by which people with a condition resulting from sickness or injury which interferes with their ability to work can be returned to work.[8]

There is strong evidence that a greater emphasis on rehabilitation would improve workers' occupational health. In New Zealand, the provision and use of rehabilitation services mean that 68 percent of claimants return to work within three months of their injury, 85 percent return within six months, and 93 percent within twelve months. In Sweden, the number of people compensated through the public sickness insurance system has declined by almost half since 1990 due to a greater focus on rehabilitation and return to work programmes. In Australia, a steady increase in rehabilitation and return to work programmes led to the number of people returning to work increasing to 86 percent in 2003-04 from 83 percent in 2002-2003.[9]

6 Wynne R. and McAnaney D. (2004) **Employment and disability: Back to work strategies.**
7 Wynne R. and McAnaney D. (2004) **Employment and disability: Back to work strategies.**
8 Labour Research Department (2002) **Rehabilitation and retention: the workplace view – A Trades Union Congress report.**
9 Association of British Insurers (2005) **Care and Compensation.**

Employers can successfully provide rehabilitation and (earlier) return to work by:

- developing and implementing new policies and procedures;
- earlier intervention in individual cases; and
- working with insurers to build "return to work" into insurance services.[10]

The benefits of rehabilitation to business include improved attendance and improved prospects of retention, reduced costs from absence and medical retirement, compliance with employment equality legislation, good practice on health and safety and promoting a health 'culture' at work.[11]

The Association of British Insurers has estimated that savings to the Exchequer of the order of £1.3 billion might be achieved if the UK's record of rehabilitation were improved.[12]

## Early Intervention

Early intervention is consistently cited in the research as being a key factor in the successful rehabilitation and return to work of an injured or disabled worker.

A 2003 report from a working group of the (Irish) Department of Social and Family Affairs recommended the introduction of early intervention measures which are aimed at re-integrating people who sustain serious illnesses, injuries and disabilities back into the workforce before they become long-term dependant on social welfare payments[13].

The Organisation for Economic Co-operation and Development (OECD) has concluded that sickness management, as well as the timing and quality of medical and non-medical interventions including the preparation of a re-integration plan and the use of full or partial early activation, largely determine workers' chances of returning to employment. It recommends that early intervention should be a key focus as it is the most effective measure against long-term dependence.[14]

It has been shown that, for example, interventions focussing on returning to work and implemented in the sub-acute stage of low back pain can reduce time lost from work by 30 – 50 percent[15]. Frequently, simple modifications to equipment or hours at work are all that is required to facilitate the return to work, often starting with shorter hours and gradually building the returning worker up to a normal working day.[16]

10 EEF/IRS survey (2004) **Managing long-term sickness absence and rehabilitation.**
11 Labour Research Department. (2002) **Rehabilitation and retention: the workplace view – A Trades Union Congress report.**
12 British Society of Rehabilitation Medicine. (2000) **Vocational Rehabilitation - the Way Forward.**
13 Department of Social and Family Affairs (2003) **Report of the Working Group on the Review of Illness and Disability Payments.**
14 Prinz, Christopher (2005) **"Breaking The Barrier"** OECD Thematic Review on Reforming Disability Policies to Improve Work Incentives.
15 Frank et al (1998) **Preventing disability from work-related low back pain: new evidence gives new hope – if we can just get all the players on side.**
16 Labour Research Department. (2002) **Rehabilitation and retention: the workplace view – A Trades**

## Differing Experiences of Disability

People with disabilities are not a homogeneous group. Individuals may have a physical disability, a sensory or intellectual disability, a mental health difficulty, or any combination of these. They may have had a disability from birth, or acquired a disability in their childhood, teenage years or later in life, during further education or while in employment. Their disability may have little impact on their ability to work and take part in society, or it may have a major impact, requiring considerable support and assistance.[17] All have different experiences. According to the published research, the timing of onset of the disability, the nature of the disability, and the response of others, to their disability can affect the extent to which the disability affects the individual's employment or employment retention prospects.

A UK study concerned with the process of becoming disabled during working life and the impact on the individual and on his or her family found that the majority of people with disabilities experience the onset of their health problem or impairment during adulthood. The Irish experience reflects this finding. The UK study also noted that the effect on employment status varies widely by severity of impairment. While 84 percent of people with the least complex impairments retained their employment, just over half of those with multiple impairments did so.[18]

The research indicates that becoming disabled is a major life-event and that the financial hardship, and exclusion from participation in society which often occurs as a result, is an additional and unnecessary burden.

## Importance of Supports

Evidence from the research on best practice indicates that as a country we need to look at the degree to which the general and the workplace environment and the support services adapt to cater for people with disabilities. It appears to be vital to gather information on the degree to which each of environmental, communication, policy and service barriers prevent access to services among people with disabilities, and most importantly, how to provide receptive environments for people with disabilities.

All of these points illustrate the need for more research into the experiences of people with disabilities in the workplace, and the importance of providing accessible support from the time the injury occurs in order to resource the worker while s/he is coming to terms with their changing circumstances, accessing supports and services, assessing options and attempting to return to work.[19]

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**Union Congress report.**

17 International Labour Office. (2002) **ILO Code of Practice Managing Disability in the Workplace.**

18 Burchardt T. (2003) **Being and becoming: Social exclusion and the onset of disability.**

19 Barnes H., Thornton P. and Maynard Campbell S. (1998) **Disabled people and employment: new issues for research and practice.**

## Workplace Strategies

A strategy is required to reduce long-term absence and job loss as a result of injuries suffered in the workplace, and thus reducing insurance premia and other costs of long-term absence. Good practice in the area of return to work includes three main types of workplace health activity which come into play when an employee is injured, and aim to return the employee to work in a safe and timely manner. These are:

- managing identified risks - a preventive strategy with regard to occupational illness and injury;
- undertaking workplace health promotion; and
- intervening early if and when an employee suffers an injury; implementing return to work policies and procedures[20].

Return to work involves a number of parties, such as the worker himself or herself, employer, work colleagues, family, medical professionals, and occupational health and state support services.

## Benefits in the Republic of Ireland - a General Guide

There are many Government Departments, State Agencies and individuals with experience and knowledge of providing supports for injured workers and their employers. The Department of Social and Family Affairs and FÁS may provide critical support – either in income support or through the provision of grants to support the worker on his/her return to work. Other sources of support would be occupational therapists, or physiotherapists who have a specialised knowledge about a particular injury or disability, disability case management and the steps to follow to support an injured worker return to work. FÁS offers an extensive suite of grants and supports, including a retention grant, which enables a private sector employer to retain the services of one or more of these specialists to develop and co-ordinate the return to work plan for the injured worker. If specialised help is necessary, FÁS can furnish a list of specialists, including a list of disability management consultants and rehabilitation experts.

In most cases FÁS and the Department of Social and Family Affairs are the first agencies, an employer and/or worker should approach for advice and assistance. The Department of Social and Family Affairs operates a scheme of benefits (income support) for people injured by an accident at work or while travelling directly to or from work. A comprehensive series of information leaflets detailing the schemes it operates is available free of charge from the Department. A full list of these leaflets is given in Appendix D of this review and a detailed list of general supports and resources available is contained in the **Useful Contacts** section in the Appendices.

20 Wynne R. and McAnaney D. (2004) **Employment and disability: Back to work strategies.**

## Managing the Return to Work of an Injured Worker

Many employers only think about how to manage the return to work of an employee following absence due to work-related injury when the accident actually happens. Due to a lack of experience and resources, they are ill-equipped to deal with the situation effectively.

This may be particularly true of small and medium size enterprises which, not least because of their small workforce numbers happily may have little experience of workplace accidents. It is also arguable that there is a lack of awareness in the workplace of the supports and resources available to assist both the employer and the injured worker.

Compelling evidence exists to indicate that employers should be proactive, not reactive, in their approach to work-related injuries. Good practice requires a proactive set of policies that focus not only on the activities that must take place when a worker becomes injured, but also on the adoption of preventive and promotional practices in relation to worker health and safety.

Developing policies early (ideally **before** any accident takes place) is the first step when taking a proactive approach. It is not sufficient to introduce injury management guidelines and/or a return to work policy **after** the worker has sustained a work related injury. Trying to introduce such a strategy at that time may be much less effective. The existence of supportive injury management guidelines and a return to work policy and procedure should be introduced to all employees during their induction programme so it is clear from their first day of work what will happen if they become injured at work.

## Injury Management

Injury management is a term used to describe all the processes involved in supporting a worker with a work-related injury to recover and return to work and refers to the steps an employer and workers can take to assure that an employee can recover and safely return to their work as early as possible.[21]

## Return to Work Plan

A return-to-work plan should be developed and implemented consistent with medical advice and where necessary with the aid of a rehabilitation expert. The rehabilitation strategy is workplace-based and aimed at maintaining the injured worker within the workplace or returning him/her to appropriate employment in a timely, safe and cost efficient manner. Close communication and co-operation between the employer, the injured employee, his/her family members, the supervisor, the treating doctor and the rehabilitation expert enables the development of a co-ordinated return to work plan. It is important to involve the insurer if there are any issues of compensation. Close collaboration between all parties is a critical

21 WorkCover (2001).

success factor. Involving employees in the development and implementation of the return to work programme encourages a feeling of ownership of the programme and maximises the opportunities for success.

Should the injury be sufficiently serious to impact on the worker's ability to do the job or to access the work environment, there are three options, which can be used separately or in combination:

- Change the work environment, e.g. changes to the work-station, to equipment or in employment conditions;
- Change the job, e.g. modify duties of present job; move the worker to alternative position in the organisation;
- Assist the worker to make the change, through rehabilitation and training.

All of these options can be considered when implementing a return to work plan for the injured worker.[22]

## Legislation

Legislation, does not, nor could it in all probability, guarantee job security for an injured worker. However, the employment equality legislation may be of relevance if as a result of a work-related injury, the worker now has a disability which meets the definition of disability as laid out in the Employment Equality Acts 1998 and 2004. Under this legislation, it is unlawful for an employer to discriminate against an employee who has a disability or a prospective employee who has a disability in relation to such measures as:

- Recruitment to employment;
- Conditions of employment (other than remuneration or pension benefits);
- Training or work experience;
- Promotion;
- Any benefits (other than pension rights) that are provided for employees.

Employment equality legislation provides that it is not unlawful for an employer to refuse to employ, retain or promote, a person who is unwilling to carry out or accept the conditions under which the duties attached to a post are to be performed or is not fully capable of carrying out all the essential duties concerned.

People with disabilities would be considered fully competent and capable to undertake any duties if they could do the work with the aid of special services or facilities (referred

22 Paaschkes-Bell G. ed (1999) **The Get Back! Pack.**

to as "appropriate measures") unless the provision of such measures would impose a "disproportionate burden" on the employer. Section 16 of the Equality Act 2004 states that "in determining whether the measures would impose a burden, account shall be taken, in particular, of –

i) the financial and other costs entailed;

ii) the scale and financial resources of the employer's business; and

iii) the possibility of obtaining public funding or other assistance."[23]

## The Safety, Health and Welfare at Work Act 2005

This review is concerned primarily with the specific issue of returning to work following a work-place accident. Such initiatives, however laudable, must always be placed in the wider context of workplace safety and accident prevention in the first place.

The primary focus of the 2005 Act as in the earlier 1989 Act is on the prevention of workplace accidents, illnesses and dangerous occurrences and one of its aims is to encourage a responsible attitude towards accident prevention on the part of both employers and employees.

## Recommendations

There are critical issues that need to be addressed, in order to provide opportunities for injured workers to remain employed.

In preparing this review it was felt that particular attention needed to be devoted to a number of areas which were seen as key to the successful application of measures to support the injured worker to return to the workplace.

These are:

3.1 Information Provision

3.2 Early Intervention Measures

3.3 Data Collection

3.4 Review of Department of Social and Family Affairs and FÁS Suite of Supports

3.5 Ensuring a More Effective Benefits System

3.6 Advice Line

3.7 Developing Core Training Modules

23 Equality Act 2004.

## 3.1 Information Provision

Clearer, more concise information should be made available to both employers and workers regarding the supports and incentives available to assist in a worker's successful and safe return to work. Responsibility for processing and disseminating information could be shared both at a national and a local level by FÁS through its Services to Business and Employment Services Offices and by the Citizens Information Board through its network of Citizen Information Centres. Information providers ought to be cognisant of the fact that people with an acquired disability who need to access services may not be familiar with the support structures available or the terminology in use. It should also be borne in mind that these injured workers, depending on the severity of their injuries, may be undergoing a major life-change.

## 3.2 Early Intervention Measures

Early intervention consists of measures which are aimed at re-integrating people who sustain serious illnesses, injuries and disabilities back into the workforce before they become long-term dependant on social welfare payments. Early intervention is consistently cited in the research as being a key factor in the successful rehabilitation of an injured/disabled worker. The OECD asserts that 'the longer a disabled person stays out of work, the lower the chances of reintegration will be.' and cites early intervention as being the most effective measure against long-term benefit dependence.[24]

The possible benefits of early intervention measures for recipients of Disability Benefit should be explored at a national level through the establishment by relevant Government Departments and agencies of a pilot project which would assess the potential of such measures in terms of re-integration back into the workforce.

## 3.3 Data Collection

There is a need for improved data collection and analysis procedures in order to track those who are currently leaving employment due to work related injury and entering economic inactivity. The issue of how many people exit from the Irish workplace permanently as a result of occupational injury or illness is largely unknown. There seems to have been little attempt to analyse the employment potential and career interests of workers absent from work due to injury in order to identify the types of support needed to assist those who wish to return to employment. The results of the first National Disability Survey carried out in the Autumn of 2006 by the Central Statistics Office may provide some of the baseline data required, when published.

24 OECD (2003) **Transforming Disability into Ability. Key issues and policy conclusions.**

## 3.4 Review of State Suite of Supports

It is recommended that the Department of Enterprise Trade and Employment undertake an in-depth research study in collaboration with FÁS, the Department of Social and Family Affairs, the Department of Health and Children, Enterprise Ireland, the IDA, the Citizens Information Board, and the Health and Safety Authority on the suite of supports available. Consultation should also take place with trade unions and employer representatives. Consultation with people with disabilities, particularly those with an acquired disability would be of critical importance. The research should critically analyse the relevance and effectiveness of the current suite of State supports from the perspective of those who supply the supports and those who make subsequent use of them. It would identify what new or additional interventions are needed and analyse the timing and effectiveness of such interventions. The research would include a SWOT analysis with the objective of making these supports more user-friendly and attractive to employers and workers.

## 3.5 Ensuring a More Effective Benefits System

An effective benefits system is needed to ensure that all people on benefit are encouraged to stay focused on their expectations and supported back to work where that is possible. For example, it may be that the injured worker may have a greater reliance on medical intervention, and/or prescription medicines. In some situations it is possible that the insurance/compensation and/or other relevant State supports do not adequately or fully cover such costs.

It is conceivable that situations may arise where the risk of losing secondary benefits such as the medical card on return to employment might well impact more severely on the injured worker. In such cases, these and other factors could act as a disincentive and barrier to returning to the workforce.

To avoid such situations, a “disability income disregard” could be considered which would increase the income limit used when assessing whether a person is eligible for a Medical card. This would improve the incentive for some people to return to work. Any examination of benefits and proposed solutions will need to take account of conflicting effects of positive as well as negative financial influences.

## 3.6 Advice Line

The feasibility should be explored of establishing a service similar to Workplace Health Connect. This is a pilot programme in England and Wales for small and medium size enterprises offering free and impartial advice on workplace health, safety and return to work issues. The service consists of an advice line and a supporting website giving tailored practical advice to callers – both managers and workers. The service aims to transfer knowledge and skills to managers and workers, enabling them to tackle and solve any future workplace health issues themselves. This service is being delivered in partnership with the UK Health and Safety Executive and

in co-ordination with NHS Plus, a network of occupational health services based in National Health Service hospitals across England. The network provides an occupational health service to NHS Staff, and also markets services to the private sector.

The proposed review of the provision of State supports could identify which Government department or State agency in Ireland (or Ombudsman) is best placed to establish and oversee such a service.

## 3.7 Develop Core Training Modules

The statistics indicate that a high proportion of disability is acquired in later life[25]. Ireland has an ageing workforce, although less so than many other countries, and the prevalence of disability increases with age. It can therefore be assumed that a certain number of people presently working will acquire a disability during their working life. In order to circumvent difficulties arising in the future and to ensure that workers and employers receive timely and adequate support when striving to ensure a worker's return to work after illness/injury, Human Resource professionals, Health and Safety personnel, medical professionals and union representatives should be required to undergo training on such topics as job analysis, job rehabilitation and return to work. These training modules could comprise part of an individual's continuous professional development.

## 3.8 Establish a Working Group

It would be beneficial to establish a multi-disciplinary working group/advisory committee to consider these recommendations and to collaborate on the proposed review of the State suite of supports and any other issues which may arise. The Working Group could address the issue of barriers to the return of an injured worker and identify solutions to these barriers.

A possible source of funding, direction and a context for the Working Group's activities would be the Multi-Annual Investment Programme as mentioned in Section 33 of the Ten Year Framework Social Partnership Agreement Towards 2016 which gives a commitment to *"develop a strategically integrated approach to rehabilitation services within the context of the Multi-Annual Investment Programme with a view to supporting people back into employment, as appropriate, through early intervention and enhanced service provision……and promoting employment retention."*[26]

25 National Disability Authority (2005) **Disability and work. The picture we learn form official statistics.**
26 Department of the Taoiseach (2006) **Toward 2016 Ten-Year Framework Social Partnership Agreement 2006 – 2015.**

# 4 Facts and Figures

According to European Statistics[27] every year in the fifteen Member States of the EU (before accession of new Member States), about five million workers are victims of accidents at work leading to more than three days of absence from work; furthermore, about 5,000 workers are killed in accidents at work.[28] Besides the human suffering, these accidents have a strong economic impact on business.[29]

There is a general consensus that "Long Term Absence" from work due to injury or illness is a gateway to disability.[30] A group of experts and professionals brought together by the RETURN[31] team to consider the issue reached a consensus decision that the term "long term absence" should be applied to any worker for whom the duration of absence was over six weeks. Research indicates that 80 percent of those who are "long-term absent" for six weeks or more need some assistance to return to work.[32] By six months, the probability that an employee will return to work has reduced to about 50 percent. For those absent more than twelve months, the probability is less than 20 percent.[33]

Researchers conducting a study on low back pain commented "The danger is that the longer anyone is off work with back pain the greater the risk of chronic pain and disability, and the lower chance of ever returning to work. By six weeks off work, there is a 10 – 40 percent risk (depending on circumstances) of still being off work at one year. By six – twelve months off work, there is a 90 percent chance of never returning to any form of work in the foreseeable future."[34]

The International Underwriters Association has estimated that the chance of a paraplegic returning to employment is at least 50 percent in Scandinavia, 32 percent in the USA, but only 14 percent in the UK.[35]

27 Eurostat, (2004) **Work and health in the EU. A statistical portrait, Data 1994 – 2002.**
28 Mossink J. and de Greef M. (2002) **Inventory of socioeconomic costs of work accidents.**
29 Eurostat (2004) **Statistical Analysis of Socio-economic Costs of Accidents at Work in the European Union Final Report.**
30 Wynne R. and McAnaney D., (2004) **Employment and disability: Back to work strategies.**
31 The RETURN project took place in six EU countries and was led by a team from Ireland. RETURN conducted a review of policy and practice relating to return to work strategies for people who have become long-term absent (LTA) from work for health reasons.
32 RETURN (2001) **'Between Work and Welfare: Improving Return to Work Strategies for Long Term Absent Employees'.**
33 National Institute of Disability Management and Research (1995) **Disability Management in the Workplace: A Guide to Establishing a Joint Workplace Program.**
34 Waddell G., Aylward M. and Sawney P. (2002) **Back pain, Incapacity for Work and Social Security Benefits.**
35 International Underwriting Association. (2003) **Third UK Bodily Injury Awards Study.**

## Incidence of Disability

Census 2002 was the first census in Ireland to measure the number of people with disabilities. It showed 8.3 percent of the total population and 10.4 percent of adults had a disability.[36]

**Table 1: Numbers of disabled people, by age group and gender**

| Age | Men | Women |
|---|---|---|
| 0-19 | 16,000 | 10,000 |
| 20-64 | 84,000 | 78,000 |
| 65+ | 52,000 | 84,000 |
| **Total** | **152,000** | **172,000** |

*Source: Census 2002*

Most disability is acquired in adult life, not at birth or in childhood. Fewer than 10 percent of those with a disability in Ireland are aged under 18.[37] According to figures published in the 2002 Quarterly National Household Survey (QNHS), among Irish people of working age with a disability or longstanding illness, 15 percent have had the condition from birth and for the rest disability has been acquired. The length of time since the onset of the illness or disability affects employment rates, with higher employment rates the more recent the onset, and the longer a disability has lasted, the lower the level of employment. There is a sustained drop-off in employment after a year has elapsed since onset of a disability.[38]

The proportion of people with a disability who are in work is much lower than for the rest of the working age population. The Census figures show people with disabilities are two and a half times less likely to have a job.[39]

**Table 2: Work participation rates of people with disabilities**

| Age group | Census 2002 % |
|---|---|
| 15-24 | 23.2 |
| 25-34 | 36.6 |
| 35-44 | 31.3 |
| 45-54 | 25.4 |
| 55-64 | 15.5 |
| 15-64 | 23.2 |
| No disability, 15-64 | 63.3 |
| Gap | 40.1 |

36 National Disability Authority (2005) **How far towards equality? Measuring how equally people with disabilities are included in Irish society.**
37 National Disability Authority. (2006) **The demographics of disability in Ireland.**
38 National Disability Authority (2005) **Disability and work The picture we learn from official statistics.**
39 National Disability Authority (2005) **Disability and work The picture we learn from official statistics.**

The table above shows the percentage gap in employment rates in each age group between people with disabilities and the rest of the population, using the Census figures. Apart from teenagers, most of who are still in school rather than at work, there is a large jobs gap in each age group and for both men and women.[40]

**Table 3: Employment rate of people with disabilities (Aged 15-64) by duration of disability**

| | % |
|---|---|
| 0-6 months | 57.0 |
| 6-12 months | 55.1 |
| 1-2 years | 43.5 |
| 2-3 years | 45.1 |
| 3-5 years | 40.6 |
| 5-10 years | 37.1 |
| 10+ years | 37.4 |
| since birth | 39.0 |
| Total | 40.1 |

*Source: CSO Quarterly National Household Budget Survey 2002*

Because a high proportion of disability is acquired in later life, this shows how important it is to have strategies that can keep people in work after the onset of a disability.

## Injury Benefit Claims

**Table 4: Number of Occupational Injury Benefit Claims Allowed (OIB)**

| Year | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 |
|---|---|---|---|---|---|---|---|---|---|
| Claims Allowed | 11,169 | 11,686 | 11,311 | 11,995 | 12,050 | 12,280 | 11,096 | 11,705 | 11,759 |

*Source: Health and Safety Authority (2006) Summary of Fatality, Injury and Illness Statistics 2004-2005.*

During 2005, the Department of Social and Family Affairs allowed 11,759 occupational injury claims (of which just 440 were illnesses or non-physical injury related) in respect of workplace injuries and illnesses involving more than three days absence from work. The system, which administers this benefit, includes a validation system administrative scrutiny and medical vetting to confirm their validity. As a result a significant number of claims submitted each year are disallowed. The number of work related injuries in the Quarterly National Household Survey for 2004 were 21,900. It should be noted that Occupational Injury Benefit insurance cover excludes self-employed and some civil servants who were in employment before April 1995. In total approximately 18 percent of those at work.

40 Ibid.

**Table 5: Duration of claimants on Injury Benefit in 2005**

| | |
|---|---|
| Under 1 week | 1576 |
| 1-2 weeks | 2625 |
| 4-6 weeks | 1545 |
| 6-8 weeks | 1043 |
| 8-13 weeks | 1449 |
| 13-26 weeks | 1356 |

*Source: Department of Social and Family Affairs January 2006*

The number of Injury Benefit claimants who claimed for full duration (156 days) in 2005 and then transferred to Disability Benefit was 266.

**Table 6: Persons incurring injury and illness 2001 – 2003 (QNHS)**

| | 2001 | | 2002 | | 2003 | |
|---|---|---|---|---|---|---|
| | Number | Rate per 1000 | Number | Rate per 1000 | Number | Rate per 1000 |
| Total in employment | 1,745,550 | | 1,772,000 | | 1,835,900 | |
| **Injury** | | | | | | |
| Total suffering injury | 51,800 | 29.7 | 43,100 | 24.3 | 54,400 | 29.6 |
| 0 days absence | 16,400 | 9.4 | 15,100 | 8.5 | 21,000 | 11.4 |
| 1 – 3 days absence | 9,300 | 5.3 | 7,200 | 4.1 | 11,500 | 6.3 |
| >3 days absence | 26,200 | 15.0 | 20,900 | 11.8 | 21,900 | 11.9 |

*Source: CSO Quarterly National Household Budget Survey 2004.*

## The Quarterly National Household Survey (QNHS)

The Central Statistics Office (CSO) produces the estimations of occupational injuries and ill-health cases based on the Quarterly National Household Survey. This survey is a quarterly national sample survey of employment conducted by the Central Statistics Office (CSO), using a methodology agreed across all EU states. It includes self-reported information on occupational injuries and ill health. The data is produced from a face-to-face administered questionnaire with a random sample of households (about 39,000 of households in Ireland).

The final figures for the population as a whole are extrapolated from this sample. As these are sample surveys for which the data is collected by interviewers using a questionnaire, they are subject to sampling errors. The questionnaire has been changed in recent years to allow more elaborate information on occupational injuries and ill health, but this also introduced some inconsistencies in the results between years.

**Table 7: Accident triggers**

| Accident triggers* | 2004 |
|---|---|
| Manual handling | 29.4 % |
| Slips/trips/falls | 16.1 % |
| Movement by injured person | 9.3 % |
| Shock, fright, violence of others | 6.9 % |
| Fall, collapse, breakage of material | 5.6 % |
| Loss of control: handtool | 4.1 % |
| Loss of control: object | 3.9 % |
| Fall from height | 3.4 % |
| Loss of control: machine | 3.0 % |
| Loss of control: road transport | 2.6 % |
| Loss of control: transport/handling equipment | 2.2 % |

** The HSA in the report Summary of Fatality, Injury and Illness Statistics 2003 – 2004 changed the categorisation of the causes of accidents and now looks at what is described as the accident trigger. While in broad terms this equates with the cause, the change has allowed the Authority to expand upon the causes/triggers of accidents, with 2 1 categories of triggers listed in the 2004 report, compared to 15 categories of causes in previous years. In the table above the triggers of accidents over 1 percent are listed. The triggers not listed above each account for less than 1 percent of all accidents and cumulatively for 3.2 percent. Those classified by the HSA as 'other' account for 7.3 percent of the total.*

*Source: Health & Safety Review Statistical Supplement 2004*

**Table 8: Parts of the body injured in accidents**

| Parts of the body injured in accidents 2002/2003/2004 | | | |
|---|---|---|---|
| **HSA reported incident figures*** | **2002** | **2003** | **2004** |
| Back/spine | 24.1 % | 25.6 % | 21.7 % |
| Fingers | 13.0 % | 12.7 % | 11.7 % |
| Knee/lower arm/elbow | 12.1 % | 12.2 % | 10.1 % |
| Hand | 8.4 % | 0.0 % | 8.7 % |
| Shoulder/upper arm/elbow | 6.9 % | 8.9 % | 6.1 % |
| Lower arms/wrist | 6.6 % | 7.4 % | 6.0 % |
| Head (except eyes) | 5.3 % | 6.7 % | 5.3 % |
| Foot | 4.3 % | 4.7 % | 4.7 % |
| Neck | 2.8 % | 3.4 % | 4.1 % |
| Hip/thigh/knee cap | 2.7 % | 3.0 % | 2.8 % |
| Chest | 2.2 % | 2.5 % | 2.7 % |
| Eyes | 2.4 % | 2.4 % | 2.3 % |
| Toes | 1.1 % | 0.9 % | 1.8 % |
| Abdomen | 1.1 % | 0.6 % | 1.0 % |
| **OIB claims – top five**** | | | |
| Back/neck/rib/disc | 4,150 | 3,784 | 3,680 |
| Hand/finger/wrist | 2,101 | 1,657 | 1,767 |
| Leg/knee/ankle | 1,296 | 1,108 | 1,278 |
| Fracture/broken | 1,117 | 1,023 | 878 |
| RTA/multiple injury | | 653 | 872 |
| Shoulder/elbow/arm | 854 | 753 | 872 |
| Total claims | 12,280 | 11,096 | 11,649 |

**The HSA in the report Summary of Fatality, Injury and Illness Statistics altered the categorisation of the parts of the body injured. By doing so, the Authority has been able to provide more detailed information than in previous years. There are 20 categories listed in the 2004 report, compared to 14 in previous years. In the table above, injuries over 1 percent of the total are listed. Those not listed account for less than 1 percent of the total and cumulatively account for just 2 percent. Those classified as 'other' by the HSA account for 6 percent. ** The OIB figures are given as total numbers. Injuries are classified into 91 classifications.*

*Source: Health & Safety Review Statistical Supplement 2004*

**Table 9: Type of injury suffered in accidents**

| Type of injury suffered in accidents 2002/2003* | | | |
|---|---|---|---|
| | 2002 | 2003 | 2004** |
| Sprain/torn ligaments | 21.6 % | 33.2 % | 33.4 % |
| Bruising/contusion | 21.6 % | 24.6 % | 21.4 % |
| Open wound | 15.7 % | 15.0 % | 13.1 % |
| Closed fracture | 12.3 % | 13.1 % | 12.7 % |
| Burns/scalds/frostbite | 2.9 % | 4.1 % | |
| Abrasion/graze | 2.2 % | 3.1 % | |
| Dislocation | 1.2 % | 1.5 % | 1.5 % |
| Internal injuries | 1.5 % | 1.5 % | 0.9 % |
| Amputation | 0.8 % | 0.9 % | 0.8 % |
| Open fracture | 0.6 % | 0.9 % | 0.8 % |
| Concussion | 0.0 % | 0.9 % | |
| Infection | 0.6 % | 0.5 % | 1.0 % |
| Electrical Injury | 0.4 % | 0.4 % | |
| Gassing | 0.1 % | 0.2 % | |
| Suffocation/asphyxiation | 0.1 % | 0.2 % | |
| Poisoning | | | 0.1 % |

** Figures from HSA reports. Based on reported accident/incident figures. Ranked by reference to 2004 figures. **In Summary of Fatality, Injury and Illness Statistics 2003 – 2004, the HSA reduced the number of categories of injury types from 15 to 10.*

*Source: Health and Safety Review Statistical Supplement 2004*

# 5 Research, which identifies Best Practice

This review aims to identify and describe key research findings on the return to work of people after a work-related illness/injury in order to derive some common principles of best practice which will inform the development of a framework of practical guidelines which employers and workers can consult when deliberating on what actions to take to ensure the worker's safe return to work.

A range of key issues emerged which are presented below.

## Benefits of Rehabilitation

The Association of British Insurers *"Care and Compensation"* report asserts that there is strong evidence that a greater emphasis on rehabilitation would improve their nation's occupational health and that international evidence reveals the benefits of rehabilitation.

- In New Zealand, rehabilitation services mean that 68 percent of claimants return to work within three months of their injury. 85 percent return within six months, and 93 percent within twelve months;
- In Sweden, the number of people compensated through the public sickness insurance system has declined by almost half since 1990 due to a greater focus on rehabilitation and return to work programmes;
- In Australia, a steady increase in rehabilitation and return to work programmes led to the number of people returning to work increasing to 86 percent in 2003-04 from 83 percent in 2002-03.[41]

EEF, the Engineering Employers' Federation, a major UK employers organisation conducted a survey of its members in September 2003 on long term sickness absence and rehabilitation[42]. 896 businesses responded. The sample was skewed towards smaller sites with 76.6% saying they employ fewer than 250. The survey covers over 200,000 employees.

41 Association of British Insurers (2005) **Care and Compensation.**

42 EEF/IRS survey (2004) **Managing long-term sickness absence and rehabilitation.**

## Summary of Key Results of EEF Survey

In half of the businesses surveyed, long-term absence is growing in importance as a management issue; being driven by senior management's concern at the cost of this type of sick leave, and the fact that it is rising as a proportion of total absence.

Nearly all businesses surveyed (83.4 percent) offer rehabilitation to employees on long-term sick leave. Rehabilitation is successful - resulting in the return of employees to their previous jobs in most cases.

Employers provide rehabilitation by:

- developing and implementing new policies and procedures;
- earlier intervention in individual cases; and
- working with insurers to build "return to work" into insurance services.

Over half (53.1 percent) of workplaces surveyed had written policies covering long-term absence and rehabilitation.

The UK Trades Union Congress (T.U.C.) commissioned research into the issue of rehabilitation, defining it as 'any method by which people with a condition resulting from sickness or injury which interferes with their ability to work can be returned to work.' The research began in 2001 with a survey of 2,000 UK safety representatives, with a 63 percent response rate. The survey provided a snapshot of the approach to rehabilitation, and sickness absence. To supplement the survey, interviews with managers, occupational health staff, union representatives and individual employees were conducted at nine companies and organisations. These interviews confirm the business benefits of rehabilitation (improved attendance and retention, reduced costs from absence and medical retirement, compliance with the UK Disability Discrimination Act, good practice on health and safety and promoting a health 'culture' at work) and show how good practice on rehabilitation works.[43]

The key findings of "Employment and Disability, Back to Work Strategies", a 2004 report published by The European Foundation for the Improvement of Working and Living Conditions were:

- The number of people claiming long-term disability payments is rising, exceeding 10 percent of the labour force in some member states;
- The design of return to work systems is often inadequate;
- A timely and appropriate response is crucial as soon as an illness begins to affect an employee's capacity to work.

43 Labour Research Department. (2002) **Rehabilitation and retention: the workplace view – A Trades Union Congress report.**

- The probability of returning to work is less than 50 percent for those who are absent for between three and six months;
- Workplace factors, such as lack of contact with the workplace, lack of procedures for dealing with disability, and company culture, can all contribute to the likelihood that someone will fail to return to work;
- Re-integration into work involves a number of parties, such as the worker, family, employer, doctor, occupational health and HR staff.[44]

The European Agency for Safety and Health at Work "Interventions in the Workplace" publication concluded, that the limited literature on work interventions provides some evidence, both in controlled and uncontrolled studies, of the potential benefits of workplace interventions.[45]

## Early Intervention

The 2003 report from the (Irish) Department of Social and Family Affairs "Report of the Working Group on the Review of Illness and Disability Payments" recommended the introduction of early intervention measures which are aimed at re-integrating people who sustain serious illnesses, injuries and disabilities back into the workforce before they become long-term dependant on social welfare payments.[46] The report also recommended *"for Disability Benefit recipients who are likely to drift into long-term illness, the possible benefits of early intervention measures should also be explored through the establishment of a pilot project which would assess the potential of such measures in terms of re-integration back into the workforce."*[47]

## Organisation for Economic Co-operation and Development (OECD)

An OECD Framework Paper on reviewing disability policies to improve work incentives concluded that workers enter the path into long-term disability through sickness benefit programmes and stated that *"sickness management, medical and functional assessment and monitoring procedures as well as the timing and quality of medical and non-medical interventions of such schemes – including e.g. the preparation of a re-integration plan and the use of full or partial early activation and of medical and non-medical rehabilitation – largely determine workers' chances to return to employment."*[48]

44 Wynne R. and McAnaney D. (2004) **Employment and disability: Back to work strategies.**
45 Mossink J. and de Greef M. (2002) **Interventions in the Workplace.**
46 Department of Social and Family Affairs (2003) **Report of the Working Group on the Review of Illness and Disability Payments.**
47 Department of Social and Family Affairs. (2003) **Report of the Working Group on the Review of Illness and Disability Payments.**
48 Prinz, Christopher (2005) **"Breaking The Barrier" OECD Thematic Review on Reforming Disability Policies to Improve Work Incentives.**

Early intervention is consistently cited in the research as being a key factor in the successful rehabilitation of an injured/disabled worker. The Organisation for Economic Co-operation and Development (OECD) published a report in 2002 which provides a systematic analysis of labour market and social protection programmes aimed at people with disabilities of working age across twenty OECD member countries. The report contained a number of policy recommendations and one of its main conclusions was that early intervention should be a key focus as 'the longer a disabled person stays out of work, the lower the chances of reintegration will be.' Early intervention can in many cases be the most effective measure against long-term benefit dependence. As soon as a person becomes disabled, a process of tailored vocational intervention should be initiated, where appropriate including, for example job search, rehabilitation and/or further training.[49]

It has been shown that interventions focussing on returning to work and implemented in the sub-acute stage of low back pain can reduce time lost from work by 30 – 50 percent.[50] Frequently, simple modifications to equipment or hours at work are all that is required to facilitate the return to work, often starting with shorter hours and gradually building the returning worker up to a normal working day.[51]

The Association of British Insurers has estimated that savings to the Exchequer of the order of £1.3 billion might be achieved if the UK's record of rehabilitation was improved.[52] The Association describes rehabilitation as covering a range of interventions, including medical and non-medical treatments. It deals with accidents, acute and chronic conditions and offers a diverse range of services, such as surgery, counselling and work placements.[53]

A report *"Cost & Benefits of Return to Work and Vocational Rehabilitation in the UK"*[54] commissioned by the Association of British Insurers concluded that

1. Fewer cases of serious injury means:
   - Fewer employers' liability claims;
   - Less staff absence incurred by employers;
   - Reduced or contained employers liability costs; and
   - Fewer injuries reportable to the Health and Safety Executive.

49 Organisation for Economic Co-operation and Development (2003) **Transforming Disability into Ability Policies to Promote Work and Income Security for Disabled People.**
50 Frank et al (1998) **Preventing disability from work-related low back pain: new evidence gives new hope – if we can just get all the players on side.**
51 Labour Research Department. (2002) **Rehabilitation and retention: the workplace view.**
52 The Association of British Insurers (2003) **Vocational Rehabilitation - the Way Forward.**
53 The Association of British Insurers (2005) **Care and Compensation.**
54 Wright M. et al (2004) **Cost & Benefits of return to work and vocational rehabilitation in the UK.**

2. Early intervention can prevent:
   - Minor injury becoming serious;
   - Acute injury becoming chronic;
   - Serious injury becoming disabling.
3. Genuine attempts to support the injured employee's return to work means:
   - Employees are less likely to feel aggrieved; and
   - Less likely to seek "justice" through a compensation claim.

## Alternative Interventions

The UK Job Rehabilitation and Retention Pilot (JRRP) was a randomised controlled trial designed to test three alternative interventions, all aimed at increasing the return-to-work rate of those off-work sick for six weeks or more. The trial ran from April 2003 for a period of two years and was aimed at people who were in employment of sixteen hours or more who had been on sickness absence for between six and twenty six weeks.

The three interventions were:

- A workplace intervention, aimed at achieving a return-to-work by addressing issues in the workplace;
- A health intervention, aimed at achieving a return-to-work by addressing the health issues of the individual; and
- A combined intervention, this being a mix of the above two interventions.

The primary aim for each of the three intervention groups was a return-to-work for a period of at least 13 consecutive weeks.[55] The most common health conditions cited by participants of the pilot were musculoskeletal (33 percent) and mental and behavioural (30 percent). Fourteen percent described their sickness absences as due to an injury.

The report on the impact of the pilot showed no evidence that offering Job Retention and Rehabilitation Pilot (JRRP) interventions to those off work sick improved their chances of returning to work when measured against *all* participants of the trial. However, the return-to-work rates were *higher* amongst the intervention groups for those off work because of an injury (that is, the interventions had a positive impact), 36 percent of those in the control group returned to work compared to 55 percent of those in one of the intervention groups. These results indicate that the interventions seem to be most helpful to those off work sick because of an injury.[56]

55 Purdon et al (2006) **Impact of the Job Retention and Rehabilitation Pilot.**

56 Department for Works and Pensions (2006) **Experiences and Impacts of the Job Retention and Rehabilitation Pilot Research Summary.**

Whilst the authors state that they are unsure why the interventions did not improve the chances of *all* participants returning to work, one possibility put forward was that a 13-week return to work is simply too difficult a target for this population group (who, have been off work for at least six weeks), Other suggestions put forward as likely explanations for the 'no impact' finding overall were:

- that the interventions offered were not always seen to be appropriate to the clients or meeting their needs fully;
- service providers faced barriers from employers and GPs that reduced the probability of their being able to gain a successful return-to-work.[57]

The qualitative research showed that sickness absence brought boredom, frustration, isolation and feelings of guilt, and as it went on affected people's mental wellbeing. It also had financial implications which people had usually not considered when they went off sick. They generally had limited knowledge about the state benefits that would be available if they were off sick long term. People valued the support they received from contact with their line managers and generally wanted regular contact, but with the emphasis on their health and wellbeing rather than on when they would return to work, until they felt well enough to do so.[58]

The features of a vocational rehabilitation service valued by participants of the pilot were:

- health services such as psychological therapies, interventions to boost strength and mobility, referrals to specialists, surgical interventions and complementary therapies;
- workplace support particularly employer liaison, advice on strategies for returning, assessments, vocational advice and help with job search and financial advice;
- active case management;
- early intervention;
- holistic and tailored support.

## "Legitimacy"

One concept, which has received increasing attention, is the one of legitimacy.[59] Legitimacy refers to the degree to which an injured employee feels believed by others in regard to the genuineness of their injury and of their symptoms.[60] This feeling of legitimacy is of particular importance to injuries, which involve work absences, and to injuries, which are "invisible", such as soft tissue sprains and strains. If an employee feels workplace staff question the legitimacy

57 S. Purdon et al (2006) **Impact of the Job Retention and Rehabilitation Pilot.**
58 Farrell, C. et al (2006) **Experiences of the Job Retention and Rehabilitation Pilot.**
59 Tarasuk V. and Eakin J M, (1995) **The problem of legitimacy in the experience of work related back injury.**
60 Smith et al (ed.) (1998) **ECC Prognosis Modelling Group, Prognosis of musculoskeletal disorders, effects of legitimacy and job vulnerability.**

of symptoms, the worker may develop negative feelings towards the workplace, which will weigh against their deciding to return to work.

Qualitative studies of injured employees suggest that a non-confrontational and non-judgemental approach from the workplace after injury is essential to success on return to work.[61] The importance of a supportive supervisor response has been raised in qualitative studies and empirical studies[62]. In a study of 434 employees with low-back pain, low supervisor support reduced return to work rates by 21 percent.[63]

## Psychosocial Factors

Research undertaken by The Australasian Faculty of Occupational Medicine of the Royal Australasian College of Physicians states that psychosocial factors in long-term disability are important and that recent evidence suggests that appropriate medical intervention that takes this into account can significantly reduce long-term disability. “How an employee believes their employers feels about workplace injury and how valued they feel in the workplace may affect the outcome”. The researchers listed some of the factors, which may contribute to poorer health outcomes for people with compensable injuries. These include:

- the psychosocial environment of the injured person at the time of injury (for example, low job satisfaction, poor social networks, lack of purposeful use of time). This includes societal attitudes towards injury and compensation;
- the psychosocial environment of the injured person after the time of injury (for example, a workplace not prepared to adapt to a return to work programme, family members unsupportive of rehabilitation programmes);
- the initial response to claimants by insurers (for example, acting as though claimants are automatically assumed to be fraudulent, thus pushing them into a defensive ‘I’ll show them I’m really sick’ attitude);
- the management of initial treatment;
- the handling of case management by insurers (for example, not developing appropriate return to work programmes nor monitoring these, not providing claimants with good information about the effects of long term sick leave, etc.);
- the length of time away from work.[64]

61 Clark J., Cole D. and Ferner S. (2000) **Return to work after a soft tissue injury: A qualitative exploration.**

62 Côte et al (2000) **A report on chiropractors and return to work, the experience of 3 Canadian focus groups.**

63 Krauss et al (2001) **Psychosocial job factors and return to work after low back injury.**

64 The Australasian Faculty of Occupational Medicine (2001) **Compensable Injuries and Health Outcomes.**

## Worker Morale

WorkCover New South Wales reports that compensation schemes that implement injury management programmes show significant savings due to increased return to work and lower medical benefits payments.[65]

In one study involving a geriatric hospital, 46 percent of nursing aids initiated low back industrial claims, with an 82 percent recurrence rate. The hospital in an effort to control workers' compensation losses, implemented a programme of back school training, with individual education on injury prevention and careful follow-up of reported injuries. A follow-up study revealed essentially no change in the injury and recurrence rates among their employees.

However, when the same hospital began a personnel policy of immediate contact following an injury and regular 10-day follow-up contacts, coupled with an evaluation of retraining and early return-to-work possibilities, they found they were three times more effective in reducing time loss and recurrence rates for low back injuries. This hospital's experience clearly illustrates that making employees feel that they are valued and needed at the workplace can have a significant impact on the employer's bottom line.

In another study of 31,200 Boeing employees, a strong correlation was found between the incidence of lost-time soft tissue injuries and a poor supervisor relationship. A similar study has been completed with urban transit operators. These studies demonstrate that an employer's policies can often be more successful in returning employees to work in a timely manner and in reducing the number of claims, than medical personnel can be by treating subjective complaints.[66]

## Experiences of Treating Doctors

A 2005 study in the United Kingdom explored General Practitioners' approaches to managing sickness absence and to assisting patients in returning to work. The study involved in-depth interviews with 24 GPs, purposively selected from a national database of GP surgeries. Key sampling criteria included the extent of GPs' experience and any specialist expertise in occupational health.

The findings suggested that general practitioners' views about work sickness depends on a general practitioner's own personal views, patient characteristics, time available, expertise in occupational health, and views about continuity of care and stated that ongoing engagement with the medical profession is likely to be required to clarify general practitioners' roles in relation to return to work.

65 WorkCover (1997) **Injury Management Initiatives, Workers' Compensation that Works!**

66 Colledge A & Johnson H (2000) **SPICE – A Model for Reducing the Incidence and Costs of Occupationally Entitled Claims.**

The UK report concluded that it seems likely that prevention and managing long-term sickness-related absence will be increasingly important areas, with medical practitioners encouraged to do more to help workers stay in and retain work. Previously, general practitioners have not seen such dimensions as part of their role and have lacked the tools, training and financial incentives to offer such supports.[67]

Egan & Mitchell writing in "Workforce Magazine" commented that a physician isolated from the input of an employer may unnecessarily limit the patient's work options. Usually, this is unintentional and the result of incomplete or inaccurate information. Doctors are experts in the field of diagnosis and treatment of disease and disability, but need the co-operation of employers in order to make well-informed return-to-work assessments. Employers hold essential information about the job demands and policies of their specific workplace. They recommend that employers make it possible for a doctor to define the conditions under which an employee can resume a safe transition back to full job duties by:

- informing whether transitional work is available;
- informing about specific workplace conditions and job demands.[68]

Writing in the 2004 Winter issue of the *Occupational Health Journal* Colledge & Johnson comment that physicians, therapists, management, and labour all too often encourage disability by prolonging the injured worker's separation from the workplace and argue that this is particularly true when the employer requires "100 percent recovery" prior to any work release and that a 100 percent recovery policy may prove more costly to the employer than any other expense. The authors state that effective accomplishment of returning impaired individuals to work often requires the combined efforts of the individual, health care provider, and employer, to carefully evaluate the patient's ability and then, if necessary, consider efforts to provide reasonable accommodations.[69]

The authors further state that clinicians who treat the injured worker should be comfortable with the type of work required for an injured worker to perform his/her job as this knowledge allows determination of the capability of the patient and that the clinician should also be well informed on workplace parameters such as the availability of modified duty.[70]

67 Mowlam, A. and J. Lewis (2005) **Exploring How General Practitioners Work with Patients on Sick Leave.** Research Report No 257,

68 Egan E & Mitchell K (2002) **Workforce Magazine.**

69 Colledge A & Johnson H (2000) **SPICE – A Model for Reducing the Incidence and Costs of Occupationally Entitled Claims.**

70

## The S.P.I.C.E. Model[71]

S.P.I.C.E. is a "Forward treatment" method developed by the US military to prevent system-induced disability among battle casualties. The SPICE model integrates medical and business management activities. Colledge & Johnson advocate that the application of this model allows everyone involved with the disability management process to participate in reducing both incidence rates and costs.

The S.P.I.C.E. model consists of five components:

**S**implicity – the concept that simple, benign conditions, treated in a complicated fashion, become complicated.

**P**roximity – the need to keep the worker associated with the workplace by building morale and support of employees.

**I**mmediacy – the need to deal with industrial claims in a timely manner.

**C**entrality – all parties involved with workers share a common philosophy and ultimate goal of returning the individual back to gainful employment as quickly as possible.

**E**xpectancy – the concept that individuals often fulfil the expectations placed on them.[72]

## Differing Experiences of Disability

People with disabilities are not a homogenous group. This review is focused on people returning to work after absence from work due to a work-related illness or injury. According to the literature, the timing of onset of the disability, the nature of the disability, and the response of others, to their disability can affect the extent to which the disability affects the individual's employment/employment retention prospects.

It is less clear from the literature what is known about how people with acquired disability adjust to their disability and this topic warrants further study.

In a paper published in "Disability Studies" in 2003, Yasmin Hussain discusses the intersections between disability, ethnicity and gender in life course transitions. The paper reveals the views of young people growing up with physical impairments and asserts there is a difference between those who had acquired the impairment during life and those who were born with it. The latter made plans for the future, those who had acquired their disability felt that it had come as a devastating blow to the family. Those who were working were disabled from birth, were positive about their employment and comfortable with their disability. Their confidence was evident

71

72 Colledge A & Johnson H (2000) **SPICE – A Model for Reducing the Incidence and Costs of Occupationally Entitled Claims.**

from their comments; they blamed society for not allowing them to participate fully due to inadequate facilities. However, those who had acquired a disability were more fatalistic in their outlook. There was a concentration on the barriers and obstacles that prevented them from effecting a transition into employment. They also focused on life before the incidents which led to their impairment and talked about themselves negatively, as they were still coming to terms with their disability and saw it as the cause of their unemployment.[73]

A paper presented at '"Bridging Gaps: Refining the Disability Research Agenda for Rehabilitation and Social Sciences" conference proceedings included findings that psychological adjustment to acquired disabilities has been viewed historically in the literature as a sequential process involving three to five naturally occurring stages (Bracken, Shephard & Webb, 1981, Hohmann, 1975; Siller, 1963, Stewart, 1977). For example, Stewart (1977) proposed a three-stage model of coping and adaptation that included:- (a) denial, (b) depression, and (c) moratorium/restitution (a stage typically marked by some form of acceptance of the disability. That is, the impairment itself, or the loss of functionality as a result of the specified impairment, is the factor deemed to be pivotal in evaluating the adjustment process.[74]

A UK study concerned with the process of becoming disabled during working life and the impact on the individual and his or her family found that the majority of disabled people experience the onset of their health problem or impairment during adulthood. The effect on employment status varies widely by severity of impairment. 84 percent of people with the least complex impairments retained their employment, whilst just over half of those with multiple impairments did so.[75]

## Importance of Supports

Evidence from the literature review indicates that we need to look at the degree to which the environment and support services adapt to include people with disabilities. It appears to be important to gather information on the degree to which environmental, communication, policy and/or service barriers prevent access to services among people with disabilities, and most importantly, how to provide receptive environments for people with disabilities. Without guiding principles to service support, it can be difficult to begin to provide an adequate service.

Thornton et al conducted a review in 1998 of research and development initiatives aimed at helping people with disabilities find and keep a job. The review looked at four different stages in the process of finding and keeping work, one of the stages being becoming disabled at work.

73 Yasmin Hussain **Transitions into Adulthood: disability, ethnicity and gender among British South Asians.**

74 Menz, F. E., & Thomas, D. F. (eds.). (2003). **Bridging gaps: Refining the disability research agenda for rehabilitation and the social sciences—Conference proceedings.**

75 T Burchardt (2003) **Social exclusion and the onset of disability.**

The review found that sustaining employment may be difficult, requiring formal input from an outside organisation. Alternatively, the presence of a supportive individual in the workplace is often a key factor in whether the person with a disability is able to maintain employment.

Another theme, which emerged strongly from the review was the need for more research into the experiences of people with disabilities **in the workplace**, and for workplace practices to reflect the fact that the needs of a working person with a disability are 'everyday' ones. For instance, adaptations do not usually involve expensive technology, but are more likely to be mundane and easy tasks such as changing the height of a desk, improving lighting or allowing rest breaks.[76]

The review identified a gap in the research literature regarding acquiring a disability while in work and asserted that there are some tensions between the needs of those who become disabled later in life and those who have never worked.

The final study of significance on this theme was conducted in the UK in 2003 and explored the strategies used by workers with disabilities to get by in the workplace, and looked at the nature and role of support they received. It used a national survey plus interviews and focus groups to examine how working people with disabilities manage in the workplace, and how they survive or thrive at work. The study established the importance of strategies and support. The research found that the following were some of the most important strategies used by the participants in the study in order to get on better at work.

- A wide range of supports were used, such as moral and financial support, empathy, 'give and take', and mutual support and advice. There was no universally beneficial strategy that could be applied. What worked for one may be unhelpful or risky in a different workplace;
- Asserting your needs as a worker with a disability (without being too aggressive) was noted by a number of participants. The assertiveness usually took the form of workers asking for what they needed, but sometimes was about resisting job changes or unwanted developments, including promotions – if, for example, the promotion would involve moving to a less accessible environment;
- Being open about impairment, disability and barriers at work as this allows a fuller understanding by colleagues of workplace challenges;
- Major sources of support mentioned were colleagues, Jobcentre Plus 'Access to work' provision, family and friends, employers and managers, organisation of and for disabled people, and trade unions;
- Empathy and acceptance of difference were seen as very important.

76 Barnes H., Thornton P, and Maynard Campbell S. (1998) **Disabled people and employment: new issues for research and practice.**

The researchers conclude that much still needs to be done to understand and respond systematically to the needs of workers with disabilities and to provide access to more structured formalised and appropriate support. They assert that the implication for Government is recognising the pivotal role played by Government support schemes and addressing their weaknesses which included delays in assessment and provision, and lack of knowledge and skills concerning a range of impairments and barriers. The report recommended that Government agencies providing support to workers with a disabilities need to be better informed about the range of needs of workers with disabilities, be consistent and equitable in provision, be responsive and flexible, and look at more impartial means of support.[77]

All of these points illustrate the importance of providing accessible support from the time the injury occurs in order to resource the worker while s/he is coming to terms with their new circumstances, accessing supports and services, assessing options and trying to return to work.

## Future Research

The OECD has commissioned a review which will follow workers who are in work but who become (long-term) sick. It aims to follow up on the OECD study "Transforming Disability into Ability" (published in early 2003) and will examine in more depth national policies to manage and reduce the inflow into sickness and disability benefit programmes and to assist those beneficiaries who want to re-integrate into the labour market. The objective is to reach a better understanding of the mechanisms and policies that lead a person with a health problem or a disability to withdraw from the labour market, temporarily or permanently.

It will examine the roles of doctors, employers, and social insurance institutions, at the onset of sickness and eventually in the transition to disability. The role of the insurance companies in helping companies to identify problems or providing advice on managing sickness will also be examined.

Particular attention will be given to any differences there may be between the procedures followed in case of general sickness as opposed to occupational injuries and diseases.

The reviews will map out policies aimed to help people with a medical condition, and those on disability-type benefits in particular, re-integrate into the labour market, examining how people are assisted in this process, and whether they are receiving special support.

Three countries will be reviewed at a time, with the plan to prepare one comparative report per year and to disseminate the findings in the form of national seminars in all three countries.[78] Ireland will be included in this study and the findings will be beneficial to policy makers.

77 Alan Roulstone et al (2003) **Thriving and surviving at work: Disabled people's employment strategies.**

78 Sourced 3/8/06 @ http://www.oecd.org/dataoecd/416/36892338.pdf

## National Disability Survey

The first National Disability Survey was carried out in the Autumn of 2006 by the Central Statistics Office. The questionnaire will include sections on impairments, on aids and supports and on policy areas such as employment, education, and the built environment. The intention being that the survey will for the first time provide the baseline data required by policy makers and service providers.

# 6 Benefits in the Republic of Ireland – A General Guide

*All data refers to 2007. Levels of benefits etc. may change from time to time so always check with your local social welfare office for current payment rates.*

## Sources of Support

There are many groups and individuals who have experience and knowledge in supporting injured workers and their employers. Both the Department of Social and Family Affairs and FÁS may provide critical support – either in income support or through the provision of grants to support the worker on his/her return to work. Other sources of support would be occupational therapists, or physiotherapists who have a specialised knowledge about a particular injury or disability, disability case management and the steps to follow to support an injured worker return to work. FÁS offers the Employee Retention Grant Scheme which allows an employer to retain the services of a specialist competent to identify the rehabilitation needs, recommend action and subsequently implement this course of action as part of the return to work plan for the injured worker.

In most cases, FÁS is the first agency, an employer should approach for advice and assistance. If more specialised help is necessary, FÁS can furnish a list of specialists, including a list of disability management consultants and rehabilitation experts. *(Contact details of specialist organisations are listed in the Appendices).*

## Income Support for Injured Workers

There are different types of social welfare payments available which are outlined below.

## Occupational Injuries Benefit Scheme (O.I.B.)

The Department of Social and Family Affairs operates a scheme of benefits for people injured by an accident at work or while travelling directly to or from work.

Self-employed people are not covered under the scheme. PRSI Class B (paid by Civil Servants recruited prior to 6 April 1995) does not give cover for Injury Benefit but does give cover for other benefits available under the Occupational Injuries Scheme.

In general people in employment insurable at PRSI Class A, D, J or M are covered in full for Occupational Injuries Benefits. FÁS Trainees, people on FÁS Schemes and people over 66 who are working are also covered for Occupational Injuries Benefits.

Unlike other social insurance benefits it is not necessary to have a set number of PRSI contributions to qualify. It is simply necessary to be in employment which is insurable for Occupational Injuries. Workers are covered from their first day at work. It is the employer and not the employee who makes the contribution towards the Occupational Injuries Fund.

There are a number of benefits available and there are different conditions attached to each benefit. *(See section on Grants/Supports and Incentives for a comprehensive description of all social welfare disability payments, payment rates, qualification criteria and application details).*

### The Occupational Injuries benefits are as follows:

- Injury Benefit;
- Disablement Benefit;
- Incapacity Supplement.

## Injury Benefit

Injury Benefit is a weekly payment which an injured worker will receive if unfit for work due to an accident. It can be paid for up to 26 weeks from the date of the accident.

## Disablement Benefit

Disablement Benefit is paid if a worker sustains a loss of physical or mental faculty as a result of an injury at work. The worker does not have to be unfit for work to be eligible for this payment. The worker must have a medical assessment to determine the degree of loss of faculty and the rate of benefit is based on this. It differs fundamentally from other Social Welfare income support payments in that it is a compensatory payment, rather than an income maintenance payment. Accordingly Disablement Pension can be paid in addition to other Social Welfare payments such as Illness Benefit and Invalidity Pension and can also be paid where a person continues to work.

## incapacity Supplement (formerly Unemployability Supplement)

Unemployability Supplement is a supplement to Disablement Pension where a person is considered to be permanently incapable of work as a result of an occupational accident/disease and does not qualify for another Social Welfare benefit.

## Medical Care

If a worker incurs medical costs as a result of the occupational injury s/he can claim for the cost of certain expenses which are not already covered by the Health Service Executive or by the Treatment Benefit Scheme.

## Other Social Welfare Payments

### Illness Benefit (formerly Disability Benefit)

If the employee in receipt of Injury Benefit is still unable to work after 26 weeks, s/he may be entitled to Illness Benefit if certain PRSI contribution conditions are satisfied. Illness Benefit is most often used to support long term absent workers. Almost 20% of those in receipt of it have been out of work for more than 12 months. It is subject to income tax.

### Invalidity Pension

This is a social insurance payment made to people who have been on Illness Benefit or an alternative benefit called Disability Allowance for at least 1 year and who will be incapable of work for at least a further year. In some cases where the applicant is unlikely to work for the remainder of their life, they may go onto Invalidity Pension directly.

### Disability Allowance

Disability Allowance is payable to those who have not enough social insurance contributions to quality for Illness Benefit. It is means tested. The scope of Disability Allowance includes anyone with an injury, which has continued or may reasonably be expected to continue for at least 1 year. Disability Allowance is a long-term income support. It applies to anyone between the ages of 16 and 66 years and there is no fixed limit on the length of payment.

### Blind Pension

The Blind Pension is a means-tested payment paid to blind and certain people with low vision, aged 18 or over who are normally living in the State and satisfy a means test.

*Note: Please see section on Grants/Supports and Incentives for a comprehensive description of all social welfare disability payments, payment rates and application details.*

## Claims for Damages

If a worker suffers from an occupational injury s/he can register the injury and seek an assessment of their injury with the Personal Injuries Assessment Board.

The Personal Injuries Assessment Board (PIAB) is a statutory body, which provides independent assessment of personal injury compensation for victims of workplace, motor and public liability accidents. It was established under the PIAB Act 2003. The fact that the worker has received an Occupational Injuries payment does not in itself mean that compensation will be awarded. Under this legislation all claims for personal injury (excluding medical negligence) must be submitted to PIAB before legal proceedings can be taken. (It is of course open to the parties to reach a settlement on their own initiative).

Depending on the outcome of the assessment, the injured worker, if still dissatisfied may then bring a civil claim for damages against the employer. It is also open to the employer to challenge the assessment in the Civil Court.

When the civil court is assessing damages it must take into account any Injury Benefit and Disablement Benefit paid. Other social welfare payments are disregarded.

## Sick Leave

In general in Ireland, there is no existing employment legislation on the issue of sick pay or sick leave. This means that the employer is not obliged to pay an absent employee sick pay. It is at the discretion of the employer to decide his/her own policy on sick pay and sick leave, subject to the worker's contract or terms of employment.

Under Section 3 of the Terms of Employment Acts 1994 and 2001 an employer is obliged to provide an employee with a written statement of terms of employment within two months of the commencement of employment. One of the terms referred to in this Act on which the employer must provide information is the terms or conditions relating to incapacity for work due to sickness or injury.

Where there is an entitlement to sick pay, in many cases, money from the employer will normally be net of any benefit from the Department of Social and Family Affairs.

Even where the Exchequer carries the burden of sick pay or injury/disability benefits, the employer incurs direct costs in overtime and replacement costs and indirectly in higher personnel turnover, reduced productivity, low staff morale, loss of experience, and higher insurance premiums. As research demonstrates, 80% of workers who are absent from work for 6 weeks or more will require some assistance in returning to work. A strategy is therefore required to reduce long-term absence and job loss as a result of injuries suffered in the workplace, and thus reducing premiums and other costs of long-term absence. Being prepared to support an injured worker return to work makes good business sense.

# FÁS Supports

## FÁS Employee Retention Grant Scheme

FÁS operates a retention grant to encourage and assist private sector employers, to retain employees who acquire an injury or disability, which causes difficulty for them when they try to do their work. The grant provides funding to:

- identify accommodation and/or training to allow the worker continue in his/her current job; **or**
- re-train him/her so that s/he can take up another job within the company.

## Workplace Equipment/Adaptation Grant

An injured worker returning to work or the employer may apply to FÁS for a grant towards the costs of adapting the workplace or equipment. A maximum grant of €6,350 is available towards the cost of adaptations to premises or equipment and can also be used to upgrade adapted equipment funded previously.

## Wage Subsidy Scheme

If the injured worker is working more than 20 hours per week and his/her productivity levels are now between 51 percent and 80 percent of normal work performance, a wage subsidy payment may be paid by FÁS.

## Personal Reader Grant

If the returning worker is visually impaired and requires assistance with job-related reading, the worker can apply for a grant to allow for the employment of a personal reader. FÁS will pay an hourly fee in line with minimum wage. It will be paid on a short- term basis, up to a maximum of 640 hours per annum.

## Disability Awareness Training Support Scheme

A grant is available to private sector employers towards providing disability awareness training to their staff. The Disability Awareness Training Support Scheme is intended to assist in the integration of disabled workers and injured returning workers into the workplace. Funding is available at a level of 90 percent of cost in the first year of training and thereafter, 80 percent of eligible programme costs are granted. This grant can be useful to prepare your workforce for the return of a colleague after injury. FÁS has a list of approved trainers.

*Note: Full details of FÁS grants are given in the section on Grants, Supports and Incentives.*

## Grants/Supports and Incentives

Grants, supports and incentives are currently available from FÁS, the Department of Social and Family Affairs and the Revenue Commissioners.

## FÁS Employee Retention Grant Scheme

FÁS operates a retention grant to encourage and assist employers, to retain employees who acquire an injury or disability, which causes difficulty for them when they try to do their work. The grant provides funding to:

- identify accommodation and/or training to allow the worker continue in his/her current job; or
- re-train him/her so that s/he can take up another job within the company.

### How does it work?

This scheme consists of two stages:

- **Stage I** facilitates employers by enabling them to 'buy in' external specialist skills and knowledge needed to develop an individualised 'Retention Strategy' for an injured worker. FÁS pays 90 percent of the cost, up to a maximum of €2,500 towards the development of a retention strategy for any one employee.

**Example:** The specialist/external case co-ordinator can help you in job task analysis and explore possible accommodations with you, including using Assist Ireland, www.assistireland.ie, a national database hosted by Citizens Advice Board (formerly known as Comhairle) to share information about accommodations and adaptive equipment. Accommodations might involve the use of adaptive equipment, a shift of job duties, a reduced schedule, or, for example, a device that helps an employee in firm grasping. American studies have shown that 31% of accommodations provided do not cost anything. This could include those situations where an employee uses an available cart to move boxes instead of carrying them.

In selecting a case co-ordinator, make sure they have the necessary expertise and understand the full implications of the employment equality legislation. You need to ensure a "good fit" between the employee, the tools they use, and the work they do in order to maximise the likelihood of a successful return to work.

*Note: Details of external specialists may be obtained from FÁS Disability Policy Unit @ Tel. No. 01 607 0500*

- **Stage II** provides funding to the employer towards the implementation of the written Retention Strategy, including retraining, job coaching and/or hiring of an external coordinator to oversee and manage its implementation. FÁS again pays 90 percent of the cost, up to a maximum of €12,500 towards the implementation of a retention strategy for any one employee.

### Who is eligible?

All companies in the private sector are eligible to apply for this support.

Funding is available to support the retention of any employee, at all levels and positions within the company, who acquires an injury or disability, which impacts on their ability to do the job.

### How do I apply?

Contact the local FÁS Services to Business Office, which can be accessed using your local telephone directory or logging onto www.fas.ie.

Other supports, which can be accessed as part of the retention strategy, are the Workplace/ Equipment Adaptation Grant, Wage Subsidy Scheme and the Personal Reader Grant. *(See below)*.

## Workplace Equipment/Adaptation Grant

If a person with a disability has been offered employment or is currently in employment and requires a more accessible workplace or adapted equipment to do their job, s/he or their employer may apply to FÁS for a grant towards the costs of adapting the workplace or equipment. This application should be made in consultation with the employer.

A maximum grant of €6,350 is available towards the cost of adaptations to premises or equipment and can also be used to upgrade adapted equipment funded previously.

**Example**[79]

| | |
|---|---|
| Position: | Customer Care |
| Injury: | Spinal cord injury resulting in limited use of arms and hands and uses wheelchair for mobility |
| Job Duties: | Dealing with incoming calls, accessing computer database for product information and sales |
| Accommodations provided: | |
| Desk was raised to accommodate wheelchair. A trackball was purchased so that employee could access the information on the computer. | |
| Cost: | Raised desk – no cost |
| | Trackball mouse – €96 (paid by FÁS Workplace Equipment Adaptation Grant) |

79 IBEC/ICTU (2005) **Workway Disability and Employment Guidelines.**

### Further examples of adaptations for which a grant may be given:

- minor building modifications such as ramps or modified toilets;
- alarm systems with flashing lights;
- equipment adaptations such as voice synthesisers for computers or amplifiers for telephones.

### Who can apply?

You or your employer can apply for this grant if you:

- have been offered employment and require an adaptation to equipment or premises to undertake the duties required;
- are in employment or recently changed jobs and require an adaptation to equipment or premises to undertake the duties required.

### How does this grant work?

- The employer or employee contacts their local FÁS Employment Services Office to obtain an application form;
- The application identifies the equipment and/or adaptation needed, justifying why it is needed and providing quotations;
- FÁS and the applicant review the application;
- FÁS pays a grant to the applicant to cover the costs agreed.

*Note: For further details, contact your local FÁS Employment Services Office.*

## Wage Subsidy Scheme

If the injured worker is working more than 20 hours per week and his/her productivity levels are now between 51 percent and 80 percent or below 50 percent of normal work performance, a wage subsidy payment may be paid by FÁS.

### How does the scheme work?

The shortfall in productivity is determined by the employer in consultation with the employee and agreed with a FÁS Employment Service Officer. If the worker on returning to work after injury has a productivity level between 51 percent and 80 percent of normal work performance, a maximum subsidy up to €7,650 per annum is provided. If the injured worker has a productivity level below 50 percent of normal work performance a maximum subsidy up to €9,500 per annum is provided.

The amount of the subsidy will vary depending on the number of hours the worker is employed. The employer pays the going rate for the job, as per any other employee.

There is a further strand to the grant that is available to employers who employ 3 or more people with a disability. They can apply for this top up to cover additional supervisory, management and other work-based costs.

### How to apply?

The employer contacts their local FÁS Employment Services Office and obtains a WSS application form.

## Personal Reader Grant

If you are a returning worker who is visually impaired or blind and require assistance with job- related reading, you can apply for a grant to allow you to employ a personal reader. FÁS will pay an hourly fee in line with minimum wage. It will be paid on a short-term basis, up to a maximum of 640 hours per annum.

### How does the grant work?

- Employees should contact their local FÁS Employment Services Office to obtain and complete an application form;
- FÁS, the employee and the employer agree the number of hours and duration based on the amount of reading required;
- FÁS pays a grant to the employee to cover the costs of a personal reader;
- The personal reader must not be replacing any reading help normally given by work colleagues, relatives or friends.

*For further details, contact your local FÁS Employment Services Office.*

## Disability Awareness Training Support Scheme

A grant is available to private sector employers towards providing disability awareness training to their staff. The Disability Awareness Training Support Scheme is intended to assist in the integration of people with disabilities into the workplace. Disability awareness training is of benefit to everyone, as we are often unsure of appropriate etiquette when dealing with people with disabilities, be they our work colleagues, clients, employees or customers. Funding is available at a level of 90 percent of cost in the first year of training and thereafter, 80 percent of eligible programme costs are granted. This grant can be useful to prepare your workforce for the return of a colleague after injury. FÁS has a list of approved trainers.

*For further details, contact the Services to Business section of your local FÁS Office.*

## Back to Work Allowance (BTWA) Scheme *(Department of Social and Family Affairs Leaflet **SW 93**)*

This is a weekly social welfare payment administered by the Department of Social and Family Affairs that can be made in addition to wages. It provides a financial cushion to support social welfare recipients who return to work for a minimum of 20 hours per week. Eligible individuals include those who have been in receipt of disability allowance, blind pension or invalidity pension for 15 months (12 months if aged over 50 years). People in receipt of Illness benefit for three years are also eligible. In addition to their wage, participants can retain a percentage of their weekly social welfare payment for a period of up to three years (75 percent in the first year, 50 percent in the second year and 25 percent in the third year). Secondary benefits may also be retained, subject to certain conditions.

### Criteria for employment are:

- likelihood that the job will be long term and will last at least 12 months;
- the employee will work for a minimum of 20 hours per week;
- acceptance of the job will not involve leaving existing employment.
- Employees must apply *before* commencing/returning to work.

Employers who can provide suitable jobs are eligible to take part in the scheme.

Employers must offer **work** that:

- does not displace another employee;
- is for a minimum of 20 hours work per week; and
- will last for at least 12 months or longer.

### How do I apply for the allowance?

**Contact:**

**Employment Support Services**
Department of Social and Family Affairs
P.O. Box 3840
Dublin 2

*Note: You must apply at least 14 days before you start work. Applications made after work begins may be disallowed.*

## How do I get paid the allowance?

- You can get the Back to Work Allowance by **direct payment** each week into your bank or building society account.

## Can I get any additional supports?

If you qualify for the Back to Work Allowance as an employee you may get **financial assistance** to help you develop your employment potential, by improving your interview, literacy or computer skills.

You can get more information about this by making an appointment with the Jobs Facilitator in your local Social Welfare Office, who is available for support and advice.

## Employer's PRSI Exemption Scheme *(Department of Social and Family Affairs Leaflet **SW 73**)*

This scheme administered by the Department of Social and Family Affairs benefits employers that recruit a person with a disability who is participating for the first time in the Back to Work Allowance scheme. Employers are exempted from their portion of the PRSI contribution for a maximum period of two years in respect of each first- time participant in the Back to Work Allowance scheme, provided the person continues in their employment.

When the employee is awarded the Back to Work Allowance (BTWA) the employer is contacted by the Department of Social and Family Affairs. As soon as the employer submits a current Tax Clearance Certificate, or C2 card, the Exemption Certificate is issued automatically. The exemption Certificate is sent to the employer stating the employers name and Registered Number, the employee's name, Personal Public Service Number and the period of exemption.

Applications are dealt with centrally in the Department's Employer's PRSI Exemption Scheme Section. All enquiries should be sent to

**Employment Support Services**
Employer's PRSI Exemption Scheme Section
Ground Floor
Gandon House
Amiens Street
Dublin 1
Tel: (01) 7043867

## Revenue Job Assist – Double Deduction

Revenue Job Assist will give employers double deduction of the employee's wage from their company's taxable income for up to three years if they recruit a person who has been unemployed for 12 months or more, provided that the employee remains working with them. The scheme also enables such a person to receive extra tax allowances for three tax years if they take up employment.

### Employment:

- must be for a minimum of 30 hours per week;
- must be for at least 12 months;
- must not have come about as a result of a redundancy in the position in the past 26 weeks;
- must not have come about as a result of unfair dismissal of the previous employee;
- Revenue Job Assist can apply to both new and existing jobs.

*Note: It is necessary to have a tax clearance certificate.*

### Employee

Secondary benefits and medical cards can be retained for a period of three years from the date an employee returns to work. Other secondary benefits such as rent/mortgage subsidy and fuel allowance can be retained for a period of three years (subject to weekly income). The family income supplement can also be claimed if family income falls below a certain limit (subject to conditions).

Applicants must have been claiming one of the following for 12 months or more:

- Jobseeker's Benefit;
- Jobseeker's Allowance;
- Blind pension;
- Disability allowance.

*For further information, contact your local tax office, the Central Revenue Telephone Information Office at (01) 878 0000 or go to www.revenue.ie.*

# Social Welfare Payments

## Injury Benefit *(Department of Social and Family Affairs Information Booklets **SW 30** and **SW 101**)*

Injury Benefit is a weekly payment made to an individual unfit to work due to an accident at work or travelling to or from work, or who contracted a disease due to the work s/he does, for example from contact with physical or chemical agents. In general, if you pay PRSI at classes A, D, J and M and are in part-time or full-time employment you are covered for Injury Benefit from the first day of employment.

Self-employed people are not covered under the scheme.

### How do I qualify?

You will qualify if:

- you are unfit for work due to illness because of an accident at work or if you contract a prescribed occupational disease;
  **and**
- your illness lasts for at least 4 days (excluding Sundays).

### How much can I get?

Your payment is made up a personal rate for yourself and extra amounts for a qualified adult and any qualified children.

### Current rates of payment

Personal Rate: €185.80 Qualified Adult: €123.30

Child Dependent (full rate): €22.00 Child Dependent (half rate*): €11.00

*You can get an increase of €22.00 for each qualified child if you qualify for an increase for a qualified adult. If you do not qualify for an increase for a qualified adult you may get a half-rate qualified child increase, if your spouse or partner has earnings of €400 or less per week.

### Example

Total for a married man with a non-working spouse and two children under the age of 18 is €353.10 per week

### Who is a qualified adult?

A qualified adult is your spouse or someone you are living with as husband and wife whom you are wholly or mainly maintaining.

You will **not** get an increase for them as a qualified adult if they:

- have a gross weekly income of more than €220.00;
  **or**
- are getting a social welfare payment in their own right;
  **or**
- are disqualified from getting unemployment payments while taking part in a trade dispute.

*Note: If your spouse or partner has a gross weekly income of over €88.88, you may get an increase for them at a reducing rate until their gross weekly income reaches €220 or more.*

## Who is a qualified child?

A qualified child is any child who normally lives with and is being supported by you up to the end of the academic year in which they reach age 18. (In certain cases, a child who is not living with you can also be a qualified child if you are supporting them).

A child who is age 18 or over and being supported by you is also a qualified child for:

- the 3 month period after they leave second level education;
- the 3 month period after they complete the Leaving Certificate exams; **or**
- up to the end of the academic year in which they reach 18 provided they are attending a full-time course of study by day at a school, college or university.

You may get a Qualified Child Increase for any child in full-time education up to age 22 or up to the end of the academic year in which they reach 22 if you have been getting a combination of Injury Benefit and certain other short-term payments for more than 156 days.

## Do I pay income tax on Injury Benefit?

No, you can get Injury Benefit directly without any deduction of income tax.

However, Injury Benefit (excluding the first 6 weeks in each tax year and any increases for qualified children) is reckonable for income tax.

If you are employed, your employer will take your Injury Benefit into account for PAYE purposes. If you are unemployed, Revenue will take account of any Injury Benefit you receive when adjusting your tax free allowances or reviewing the tax affairs of your spouse or partner. You should contact your local tax office for more information.

## How do I get my payment?

You can get Injury Benefit weekly by cheque or directly into your bank or building society account by direct payment.

## How long does payment last?

Injury Benefit is normally paid from the 4th day of your illness or incapacity and you may get it for up to 26 weeks.

If you are still unable to work after 26 weeks, you may qualify for other payments such as Illness Benefit (formerly called Disability Benefit). *(See page 70 for further information).*

You may also qualify for Disablement Benefit if you suffer a loss of physical or mental ability because of the accident or disease. *(See page 84 for further information).*

If you do not qualify for Illness Benefit and you are awarded Disablement Benefit, you may qualify for Incapacity Supplement (formerly Unemployability Supplement). *(See page 89 for further information).*

## When and how do I apply for Injury Benefit?

To apply for Injury Benefit, you should:

- go to a doctor and get a first social welfare medical certificate which includes an application form; and
- complete the medical certificate and application form fully.

You can hand your certificate into your local Social Welfare Office or post it to:

**Injury Benefit Section**
Department of Social and Family Affairs
P.O. Box 1650
Dublin 1.

You should forward a medical certificate each week as long as you are unfit for work.

You should apply for Injury Benefit **within 21** days of becoming ill/injured, otherwise you may lose benefit.

**Important:** All work accidents and diseases do not result immediately in illness or incapacity. In such a case, to secure your future right to benefit, you should apply for a declaration (using Form DB/OB 1) that your accident or disease occurred at work. You can get the application form from:

**Injury Benefit Section**
Department of Social and Family Affairs
Áras Mhic Dhiarmada
Store Street
Dublin 2
Telephone: (01) 704 30 18/704 30 20

## What extra benefits can I get while claiming Injury Benefit?

**Smokeless Fuel Allowance** *(Department of Social and Family Affairs Information Booklet **SW 17a**)*

If you are getting Injury Benefit for at least 3 months and your household satisfies a means test, you may qualify for a Smokeless Fuel Allowance.

This weekly allowance is paid from late September to mid-April to help households meet the extra costs of using smokeless fuels in certain areas where the sale of bituminous fuel is banned. If you get Injury Benefit, the Department of Social and Family Affairs will automatically send you an application form for this allowance. (*See page 104 for further information*).

**Rent or Mortgage Interest Supplement** *(Department of Social and Family Affairs Information Booklet **SW 54**)*

If you are getting Injury Benefit and you have difficulty paying your rent or mortgage, you may qualify for a supplement under the Supplementary Welfare Allowance Scheme. In the case of mortgage supplements, you get assistance only with the interest portion of your repayment.

Apply to the Community Welfare Officer at your local office of the Health Service Executive. The Health Service Executive takes your situation into account and they decide whether or not you can get a supplement. (*See page 104 for further information*).

**Back to School Clothing and Footwear Allowance** *(Department of Social and Family Affairs Information Booklet **SW 54**)*

You may also qualify for a Back to School Clothing and Footwear Allowance for school-going children under the Supplementary Welfare Allowances Scheme. This allowance operates from 1st June to 30th September each year and helps towards the cost of children's uniforms and footwear. Your total income must be at or below a certain amount. You should apply to the Community Welfare Officer at your local office of the Health Service Executive. (*See page 105 for further information*).

## If I am not happy with a decision on my claim for Injury Benefit can I appeal it?

Every claim for Injury Benefit is decided by a Deciding Officer in the Department of Social and Family Affairs. If you are not satisfied with a decision from the Deciding Officer, you can appeal it to the Social Welfare Appeals Office.

The Appeals Office operates independently of the Department. If you wish to appeal, you must do so in writing within 21 days of the date on which you are told of the decision. You can send your appeal to Injury Benefit Section or directly to:

**Social Welfare Appeals Office**
D'Olier House
D'Olier Street
Dublin 2
Telephone: (01) 6718633
LoCall: 1890 74 74 34

## Do I need to go for a medical examination?

While claiming Injury Benefit, you may have to attend a medical exam by a Medical Assessor. This examination is conducted by a doctor employed by the Department of Social and Family Affairs. Their function is to give a second opinion on whether you are incapable of work, taking account of your current state of health. Notice of an appointment for your medical examination will be given in advance. At the examination, you may bring along whatever medical evidence you wish the Medical Assessor to see.

The Deciding Officer will take the Medical Assessor's opinion into account when considering your continued entitlement to Occupational Injury Benefit.

If your payment is stopped on the basis of the medical exam, you will be informed immediately and told of your right to appeal the decision.

## Are there any reasons why I may not get Injury Benefit?

### Disqualifications

Injury Benefit may be suspended for up to 9 weeks if you:

- become incapable of work through your own misconduct;
  **or**
- fail, without good reason, to attend a medical exam or have treatment that you may need;
  **or**
- do not observe the «Rules of Behaviour» outlined below.

### Offences

If you make a false or misleading statement to get Injury Benefit, either for yourself or any other person, you may get a fine, a prison sentence or both.

If you get Injury Benefit against the rules, you must repay it to the Department of Social & Family Affairs. If necessary, the Minister for Social and Family Affairs can take legal action or make deductions from any future claims to which you become entitled to recover benefit.

## Do I need to obey any rules while claiming Injury Benefit?

While you are claiming Injury Benefit, you must obey the following 'Rules of Behaviour':

1. Obey the instructions of your doctor;
2. Do not behave in a way that is likely to delay your recovery;
3. If you are away from home, tell somebody where you are going;
4. Do not refuse unreasonably to see any of the Department of Social & Family Affair's Social Welfare Investigators or Medical Assessors or answer reasonable questions on your claim;
5. Do not do **any** work **unless** you are allowed to do it under the Department's regulations. The type of work allowed is:
   - work for which you are not, or would normally not be, getting any payment;
   - work which is done as a part of treatment while you are a patient in hospital or similar place; or
   - work done as an out worker under a charitable scheme, provided the weekly earnings are below a certain amount.

You must first get permission from the Department before undertaking work of any kind. If you do not obey these rules, you could lose Injury Benefit.

## Exemptions from Rule 5

In certain cases, you may undertake:

- paid employment that helps with your recovery, for a maximum of 20 hours per week; or
- an approved training course, if you can no longer follow your usual occupation.

**Before** starting work or training of any kind, you must first get permission in writing from the Department of Social and Family Affairs.

## What can I claim if I do not qualify for either Injury Benefit or Illness Benefit?

If you do not qualify for either Injury Benefit or Illness Benefit, you may qualify for either Disability Allowance or Supplementary Welfare Allowance.

## Disability Allowance

This is a means-tested allowance, which you may get if the illness is expected to last for at least 12 months. *(See page 81 for further information).*

## Supplementary Welfare Allowance *(Department of Social and Family Affairs Information Booklet **SW 54**)*

If your means are too low to meet your needs, you may qualify for Supplementary Welfare Allowance, payable by the Health Service Executive. You should apply to the Community Welfare Officer at your local office of the Health Service Executive. *(See page 104 for further information).*

## Medical Care Scheme *(Department of Social and Family Affairs Information Booklet **SW 34**)*

The Medical Care Scheme is one of the benefits available under the Occupational Injuries Scheme. It allows you to get a refund of the costs of certain medical care and attention.

### How do I qualify for refunds under the Medical Care Scheme?

To qualify for a refund of medical costs:

your injury must have been caused by an accident at work, or travelling on an unbroken journey to or from work,
**or**
as a result of your work you have contracted a presecribed occupational disease,
**and**
you must tell the Department of Social & Family Affairs of your intention to claim medical care. This should normally be done within 6 weeks of the start of your medical treatment,
**and**
you must have PRSI contributions at Class A, B, D, J or M. In the case of PRSI Class B contributions, only expenses incurred subsequent to 26 weeks after the accident or development of the disease can be covered.

### Medical expenses which may be refunded

You may get a refund of the following expenses if they are not fully covered by the Health Service Executive or the Department of Social and Family Affairs Treatment Benefit Scheme:

- doctor's visits;
- doctor's prescriptions.

- certain medical or surgical appliances and the repair and replacement of these (for example, artificial limbs or hearing aids);
- certain dental and eye treatment;
- certain qualified nursing at home on the instruction of a doctor;
- certain treatment prescribed by your doctor; and
- certain travelling expenses, usually limited to the cost of public transport.

The expenses must be **reasonable** and **necessary**.

### Where to apply

**Occupational Injuries (Medical Care) Section**
Department of Social and Family Affairs
Floor 5
AMD
Store street
Dublin 1
Tel: (01) 704 3627

A claim is made by submitting a completed application form C1 (available from your local social welfare office) in the post. Your Personal Public Service Number (PPS No.) should be quoted on any receipts you send in with the application form.

Medical care refunds are made by cheque. Normally you may get only one payment but if the treatment is ongoing, you may get payment in instalments.

## Illness Benefit *(Department of Social and Family Affairs Information Booklet **SW 119**)*

Illness Benefit is a payment for insured people who cannot work due to illness. It replaced the payment previously known as Disability Benefit from 2 October 2006.

### How do I qualify?

You may qualify for Illness Benefit if you:

- are unable to work due to illness;
- satisfy the PRSI conditions;
  **and**
- are under age 66.

## How many PRSI conditions do I need for Illness Benefit?

You must have:

- at least 52 weeks PRSI contributions paid since you first started work;
  **and**
- 39 weeks PRSI contributions paid or credited in the relevant tax year (13 of these must be paid contributions);
  **or**
- 26 weeks PRSI contributions paid in the relevant tax year *and* 26 weeks PRSI contributions paid in the tax year immediately before the relevant tax year.

*Note:*

- *Only PRSI paid in classes A, E, H and P count towards Illness Benefit.*
- *If you get Invalidity Pension immediately before applying for Illness Benefit, you do not need to have 13 paid contributions.*
- *If you were getting Illness Benefit for at least 5 years, but you return to work and discover within 13 weeks that you are not fit to work, you may return to Illness Benefit without having to satisfy any further conditions.*
- *If you were getting Occupational Injury Benefit immediately before applying for Illness Benefit, you can use the current or previous relevant tax year to qualify for Illness Benefit.*

## Do I get Illness Benefit immediately?

Illness Benefit is not normally paid for the first 3 days of your claim. These days are known as waiting days. However, sometimes these waiting days do not apply. No payments are made for any Sunday during your illness.

## How much can I get?

Illness Benefit is made up of a personal rate for yourself with extra amounts for your qualified adult and qualified child(ren).

You will get less Illness Benefit if your average weekly earnings are below a certain amount (currently €150 per week) in the relevant tax year.

You can get extra payments for a qualified adult and qualified child(ren).

| | |
|---|---|
| Personal rate €185.80 | Increase for a Qualified Adult** €123.30 |
| Each qualified child Full rate* €22.00 | Half rate *€11.00 |

*You can get an increase of €22.00 for each qualified child if you qualify for an increase for a qualified adult. If you do not qualify for an increase for a qualified adult you may get a half-rate qualified child increase, if your spouse or partner has income of €400 or less per week.

**You may get a reduced rate increase if your spouse or partner has earnings or income of between €100.01 and €250.00 gross per week.

## How do I get my payment?

Illness Benefit can be paid weekly by:

- direct payment into your account in a financial institution; or
- by cheque, which is posted to you.

## How long does my payment last?

If you have 260 weeks PRSI contributions paid since you first started work, you may get Illness Benefit for as long as you are unfit for work and you are under age 66.

If you have between 52 and 259 weeks PRSI contributions paid, you may qualify for Illness Benefit for up to 52 weeks. At the end of this period, you must get an extra 13 paid contributions (or a lower number if it brings the total contributions up to 260) to re-qualify for benefit.

## When and how do I apply?

To apply for Illness Benefit you should:

1. go to a doctor and get a first social welfare medical certificate (known as MC 1), which includes an application form,
2. complete this medical certificate and application form, giving details of any dependants, including your spouse's or partner's PPS No. and your Child Benefit number, if you have one,
3. make sure you sign the declaration on the application form, and
4. hand your certificate into your local Social Welfare Office or post it to:

**Department of Social and Family Affairs**
P.O. Box 1650
Dublin 1

You should apply for Illness Benefit within 7 days of becoming ill. A delay of more than 7 days may cause you to lose some of your payment. If there is a good reason for a delay in applying, your payment **may** be backdated.

You must send in a medical certificate (known as MC 2) each week for as long as you are ill, unless you are told otherwise.

You must get a final medical certificate from your doctor before you go back to work.

*Note: Your doctor should not charge you for a medical certificate if a medical examination has not taken place.*

## Who decides on my Illness Benefit application?

A Deciding Officer from the Department of Social and Family Affairs decides on every application for Illness Benefit. If you are not satisfied with their decision, you can have it reviewed. You can also appeal it to the Social Welfare Appeals Office, either straight away or after the review.

To request a review, send any relevant written evidence to the **Illness Benefit Section** within 21 days. A Deciding Officer will review your case. If you are not satisfied with their decision after the review, you may appeal it to the **Social Welfare Appeals Office**, which is independent of the Department of Social and Family Affairs.

If you wish to appeal, you should do so in writing within 21 days of the date you were told of the decision. You can send your appeal to the Illness Benefit Section or directly to the Social Welfare Appeals Office, at the address below.

**Social Welfare Appeals Office**
D'Olier House
D'Olier Street
Dublin 2
Telephone: LoCall: 1890 74 74 34

## Can I claim Illness Benefit while getting another social welfare payment?

If you are applying for Illness Benefit and getting **full** rate:

- Widow's or Widower's (Contributory) Pension;
- Deserted Wife's Benefit; or
- One-Parent Family Payment.

you may get **half the personal rate** of Illness Benefit for up to 15 months or up to 12 months if you have less than 260 paid contributions. You cannot get an increase for (a) qualified child(ren). If you are getting a **reduced** rate of any of the above payments, you may get more than half the personal rate of Illness Benefit.

If you are getting Disablement Benefit you may also get Illness Benefit if you are ill and unfit for work and satisfy the PRSI conditions.

If you are getting Blind Pension, you may also get Illness Benefit if you are ill and incapable of work and you satisfy the PRSI conditions

Requirements to attend for a medical assessment and the Rules of Behaviour for claimants of Illness Benefit are similar to those outlined under the Injury Benefit scheme. You may also be entitled to other benefits such as the Supplementary Welfare Allowance and the Smokeless Fuel Allowance.

## What happens to my social insurance record while claiming Illness Benefit?

If you are absent from work due to illness, PRSI deductions may not be made. However, you may qualify for credits instead. Credits keep your social insurance record up to date, which helps to protect your entitlement to benefits and pensions in the future. You usually get credits at the same PRSI class as your last paid PRSI contribution and will get them for the whole time you claim Illness Benefit.

You may also get credits for each complete contribution week that you claim Illness Benefit, **even if you are not receiving a payment**. It is very important that you continue to send in medical certificates even if you are only entitled to credits. This could help you to qualify for social welfare benefits and pensions in the future.

The Illness Benefit Telephone Enquiry Section, will tell you about your entitlement to credits while on Illness Benefit, telephone (01) 679 7777.

## Do I pay tax on Illness Benefit?

You will get Illness Benefit directly without any deduction of tax. However Illness Benefit (excluding any qualified child(ren) increases), is considered as income for income tax purposes. The first six weeks of Illness Benefit in each tax year is not reckonable for income tax purposes.

If you are employed, your employer will take your Illness Benefit into account for PAYE purposes.

If you are unemployed or become unemployed, Revenue will take account of the amount of your Illness Benefit, where relevant, when they adjust your tax credits or review the tax affairs of your spouse or partner.

## Occupational Injury/Disability Benefit Late Claims – Possible Further Payments *(Department of Social and Family Affairs Information Booklet **SW 101**)*

If you want to claim Occupational Injury Benefit, you must claim within 21 days of the onset of the injury. If you want to claim Illness Benefit, you must apply for it within seven days of the start of your illness or incapacity. If you do not claim for the Benefit you want within the correct time, you may lose out on a day's payment for each day that you delay.

If your application is late, the Department of Social and Family Affairs may backdate your payment if you have a good reason for the delay. However, the Department normally only backdates payment up to a maximum of six months before they receive an application. In certain special cases of late application, the Department may backdate payment for more than 6 months.

## Possible further payments

The Department may consider backdating payments for more than 6 months in the cases outlined below.

## Example Cases

**You did not apply because of information the staff of the Department of Social and Family Affairs supplied to you or to someone who was acting for you.**

### What you must do

You must give full details of the information you got, including the name of the officer who supplied the information (if known), the office where they supplied the information and the date they supplied it.

**You failed to claim on time because you were so ill that you could not apply or instruct another person to apply for you.**

### What you must do

You must supply specific medical evidence from your doctor that emphasises why the injury or illness prevented you from applying yourself or appointing someone to apply for you.

**You failed to claim on time because you suffered a *'force majeure'.***

An event or action that was so overwhelming that it was impossible for you to make your claim. Examples include natural disasters, flood or war.

### What you must do

You must give full details of the circumstances that prevented you from claiming on time.

**You need payment to prevent or relieve current 'financial hardship'.**

To make a claim in this case you must:

- have current debts;
- show that your current income, including any social welfare payment, is not enough to meet on-going expenses;
  and
- show that you are unable to pay off or reduce your debts by using money in a financial institution or other disposable assets that you could sell. Your family home is not regarded as disposable for this purpose.

### What you must do:

If you believe you satisfy these conditions you should send in information on your current debts and any assets you own. You should also supply evidence of your income from all sources.

### Exceptions to further backdating of payments

The Department will not further backdate payments of Disability or Occupational Injury Benefits if you have failed to claim on time because of:

- lack of knowledge about your entitlement;
- lack of knowledge by someone acting for you;
- lack of knowledge by third parties;
- an agency besides the Department of Social and Family Affairs giving incorrect information or advice; **or**
- an individual or agency other than the Department of Social and Family Affairs failing to act.

## Invalidity Pension *(Department of Social and Family Affairs Information Booklet **SW 44**)*

Invalidity Pension is a payment for people who are permanently incapable of work because of an illness or incapacity.

### How do I qualify?

To qualify, you must satisfy both medical and social insurance (PRSI) conditions.

### What are the medical conditions?

To qualify, you must:

- have been incapable of work for at least 12 months and be likely to be incapable of work for at least another 12 months (you will probably have been getting Illness Benefit or Disability Allowance for that period);
  **or**
- be permanently incapable of work (in certain cases of very serious incapacity, you can transfer directly from another social welfare payment or from your job to Invalidity Pension);
  **or**
- be over age 60 and have a serious illness or incapacity.

## What are the social insurance contribution conditions?

To qualify for Invalidity Pension, you must have:

- a total of 260 weeks PRSI paid;
  **and**
- 48 weeks PRSI paid or credited* in the last complete tax year before your claim.

## Only PRSI paid at Classes A, E and H are reckonable.

In addition, if you have no reckonable contributions paid or credited for two consecutive years, you cannot get Invalidity Pension, or credited contributions, until you have paid 26 qualifying contributions.

- **'Credits'** *are special contributions similar to PRSI contributions that we may give to people claiming certain social welfare payments. These 'credits' help to protect your entitlements to benefits and pensions in the future.*

## How much can I get?

Invalidity Pension is made up of a standard personal rate for yourself and extra amounts for a qualified adult and qualified children. Your personal rate is not affected by any other income, savings or occupational pension you may have.

Current Rates of Invalidity Pension are:

| Personal Rate | Rate per week |
|---|---|
| Aged under 65 yrs. | €191.30 |
| Aged 65 and over | €209.30 |
| ‡ Qualified Adult aged under 66 yrs | €136.50 |
| Qualified Adult aged 66 or over | €173.30 |

An increase of €22.00 is payable for each child dependant if you are getting a payment for a qualified adult. You may get a half-rate child dependant increase of €11.00 if you do not qualify for an increase for a qualified adult.

‡ You may get a reduced rate increase if your spouse or partner has earnings or income of between €100.00 and €280.00 gross per week

## This is a taxable source of income

Recipients of Invalidity Pension may be entitled to additional benefits such as the Household Benefits Package, Free Travel and Fuel Allowance *(See page 96 for further information).*

## How do I get my payment?

Your pension will be paid directly into your bank or building society account.

If you do not want to receive your payment in this way, you may make other arrangements to have your pension paid by a book of payable orders, which can be cashed at a chosen post office.

## Electronic Information Transfer (EIT)

If you wish to use the Household Budget Service, you may get your payment by Electronic Information Transfer (EIT). With this option your Invalidity Pension is paid using a Social Services Card. You must collect your payment weekly and in person. This payment option is only available after you start to get your Invalidity Pension. EIT allows you to avail of the Household Budget Service which is a free service operated by An Post to give you an easy-pay option for household bills. With a direct debit you can make a fixed payment to any of the following:

- participating local authorities for rent or mortgages;
- ESB and An Bord Gáis for energy and appliance costs; and
- Eircom for telephone charges.

For more information on the Household Budget Service, contact:

**An Post**
Freefone: 1800 70 71 72

## How long does payment of Invalidity Pension last?

You can get Invalidity Pension as long as you remain incapable of work. Payment will stop, however, if you get any other pension from the Department of Social and Family Affairs (except Disablement Benefit). If you qualify for Invalidity Pension and you remain incapable of work, the payment continues until your 66th birthday. You will then be automatically transferred to the State (Contributory) Pension.

## Will the claim be reviewed?

While getting Invalidity Pension, the Department of Social and Family Affairs may review your claim and call you for a medical assessment with one of their Medical Assessors.

## Can I work while getting Invalidity Pension?

Under the Rules of Behaviour on Invalidity Pension you should not do any work while getting this pension.

However, you may, with **prior written permission** from the Department of Social and Family Affairs, be exempt from this rule to:

- do a course of training which may lead to other employment;
  **or**
- do work to help your recovery, which will lead you to rejoin the workforce;
  **or**
- start light work or training for which you would not normally be paid.

## When and how do I apply?

If you are permanently incapable of work and you satisfy the medical and PRSI conditions, you may apply for an Invalidity Pension by contacting:

**Invalidity Pension Claims Section**
Social Welfare Services Office
Government Buildings
Ballinalee Road
Longford
Telephone: Longford (043) 40028/45211 ext 48728/49623
Dublin (01) 704 3000 ext 48728/48914

## Certificates needed with your claim

Make sure to send in the following certificates with your claim:

- your Birth Certificate;
- your spouse's or partner's Birth Certificate (if claiming an increase for them);
- your Marriage Certificate (only if claiming an increase for your spouse); and
- your qualified child(ren)'s Birth Certificates (if claiming a Qualified Child Increase and you are not getting Child Benefit for them);
- photocopies of certificates are not accepted;
- personal Public Service Number (PPS No.) (same as RSI or tax number).

You must supply your own PPS No. and also the PPS No. of a spouse, partner or children for whom you are claiming a payment.

## Disability Allowance *(Department of Social and Family Affairs Information Leaflet **SW 29**)*

If you do not qualify for either Injury Benefit or Illness Benefit, you may qualify for Disability Allowance. Disability Allowance is payable to those who have not enough social insurance contributions to quality for Illness Benefit. It is means tested and subject to a medical assessment. The scope of Disability Allowance includes anyone with an injury, which has continued or may reasonably be expected to continue for at least 1 year. Disability Allowance is a long-term income support. It applies to anyone between the ages of 16 and 66 years and there is no fixed limit on the length of payment. Someone in receipt of Disability Allowance can carry out rehabilitative work and earn up to €120 per week without affecting eligibility for the allowance. After a period of 15 months, a person can become eligible for a Back to Work Allowance, which is aimed at recruitment and job placement. Being eligible for Disability Allowance qualifies recipients for a range of secondary benefits similar to Invalidity Pension and should a person opt to undergo vocational training, a training allowance will be substituted for Disability Allowance and secondary benefits will be retained.

The current weekly maximum rate of Disability Allowance is:

| Personal Rate | Qualified Adult Allowance | Increase for each Child Dependant |
|---|---|---|
| €185.80 | €123.30 | €22.00 (full rate) €11.00 (half rate) |

You may get an increase of €22.00 for each child dependant if you get an increase for a qualified adult. If you do not qualify for an increase for a qualified adult, you may get a half-rate child dependant increase.

You may get a reduced rate increase if your spouse/partner has earnings or income of between €88.88 and €220 gross per week.

**Apply to:**
Disability Allowance Section
Social Welfare Services Office
Government Buildings
Ballinalee Road
Longford

## The Blind Pension *(Department of Social and Family Affairs Information Booklet **SW 76**)*

The Blind Pension applies to those who are visually impaired or who have low vision and who satisfy a means test.

## How to qualify

To qualify, a person who is blind or who has low vision must:

- be aged 18 years or over;
- live in the State;
- satisfy a means test.

## When and how do I claim Blind Pension?

If you become blind **after** reaching age 18, you should apply as soon as the condition arises as payment can only be made from the date the application is received.

To claim, contact:

**Blind Pension Section**
Pension Services Office
College Road
Sligo
Telephone: LoCall 1890 50 00 00 Extension. 3371

## What evidence of blindness is required?

You will be required to undergo an eye test which must be verified by the Department of Social and Family Affairs. A social Welfare Inspector will call on you and you will be requested to attend an ophthalmic surgeon for an examination.

## The Means Test

Your weekly rate of payment depends on the amount of weekly means assessed. You may be interviewed regarding your means and supporting documentation such as bank statements or accounts may be required.

## What counts as means?

The main items that count as means include:

- cash income which you or your spouse/partner may have;
- the value of savings, investments, shares, land etc;
- any property you may have;
- maintenance paid to you if you are deserted/separated.

## How much can you get?

The allowance is made up of a personal rate for yourself and extra amounts for a qualified adult and child dependants, if any. Where you have means assessed against you, the weekly rate payable is reduced.

## Rates of payment from January 2007:

| Rates | Weekly Rate | Qualified Adult |
|---|---|---|
| Maximum personal rate under 66 yrs. | €185.80 | €123.30 |
| *Each child dependent | See below | See below |

*An increase of €22.00 is payable for each child dependent if you are in receipt of an increase for a qualified adult. If you do not qualify for an increase for a qualified adult, half rate child dependant (€11.00) increases may be payable.

## How long does payment last?

Blind Pension is payable as long as you satisfy the qualifying conditions.

## How is payment made?

Blind Pension may be paid:

- directly into your Bank or Building Society Account;
  **or**
- by a book of Payable Orders which can be cashed weekly at a chosen Post Office, if you are unable to collect the allowance yourself, you may nominate another person to collect it on your behalf.

## What other benefits are available?

If you are awarded Blind Pension, a free Travel Pass will be issued automatically. This also entitles your spouse/partner to travel free in your company.

*Note: You may qualify for a Free Travel Companion Pass instead which entitles you to have a companion aged 16 or over accompany you when travelling. You may, subject to certain conditions, also qualify for other social welfare benefits/allowances. (See page 96 for further information).*

### Blind Welfare Allowance

This is a means tested payment. It may be paid to people getting Blind Pension or Disability Allowance. Check with your local Health Service Executive for details.

### Blind Tax Allowance

An extra tax allowance is available to certain people with low vision. Check with your local Tax Office.

## Disablement Benefit[80] *(Department of Social and Family Affairs Information Booklet **SW 31**)*

Disablement Benefit is payable if a person in insurable employment sustains a loss of physical or mental faculty as a result of an injury at work or from contracting a prescribed occupational disease. The applicant does not have to be unfit for work to be eligible for Disablement Benefit. Disablement Benefit may be divided into a single lump sum or a regular pension depending on the injury or effect of the disease.

### How do I qualify?

You may qualify if you:

work and pay PRSI at Class A, B*, D, J or M, and lose physical or mental abilities because of:

- an accident at work;
- a commuter accident on a direct route between your home and your workplace; or
- a prescribed disease contracted at work.

*Under the Occupational Injuries Scheme, civil servants insured at PRSI Class B cannot get Disablement Benefit for the first 26 weeks after the date of the accident. They may get half the standard rate of Disablement Benefit after this period (the other half is paid by the parent department or state organisation involved).

### How much can I get?

Your payment depends on the degree of your disablement, which a doctor assesses.

If you have lost less than one-fifth of your physical or mental abilities, Disablement Benefit will normally be paid by a lump sum. The size of the lump sum will vary according to the degree of disablement and how long you are expected to be disabled.

80 Comhairle "2005 **Entitlements for People with Disabilities.**

You may get Disablement Pension if a doctor verifies that you have lost one fifth or more of your physical or mental ability. If the loss of physical or mental ability falls between 10 percent and 19 percent, you will be given a choice between a once off lump sum and a small weekly pension.

## How is the loss of physical or mental abilities assessed?

A medical assessor of the Department will take account of how your current physical and mental condition compares to your pre-accident state of health and how you compare with a healthy person of the same age and sex.

The medical assessor will then rate the loss of faculty, which means your inability to enjoy a normal lifestyle because of the loss or partial loss of your ordinary physical or mental abilities because of your work related injury or disease.

## Examples of assessments are as follows:

| Injury | Loss of faculty |
|---|---|
| Loss of both hands | 100 % |
| Loss of one eye | 40 % |
| Loss of thumb | 30 % |
| Loss of 2 fingers of one hand | 20 % |
| Loss of index finger | 14 % |

## When and how do I apply?

**If you are unable to work** after the accident or disease, apply for Injury Benefit, which you may get for up to 26 weeks after the accident or the onset of the disease. *(See page 62 for further information).*

Before your Injury Benefit payment finishes, you should apply for Disablement Benefit if the accident or disease, causes you to lose any physical or mental abilities.

**If you are able to work** after the accident or disease, apply for Disablement Benefit as soon as possible and, at most, within 3 months of the date of the accident or the onset of the disease. You will receive Disablement Benefit from the fourth day of your loss of ability.

*Note: You should apply within 3 months of the date of your accident or the onset of the disease. If you do not apply in time you may lose some benefit.*

## How to apply

**Contact**
Disablement Benefit Section
Social Welfare Services Office
Government Buildings
Ballinalee Road
Longford
Telephone: Longford (043) 45211
Dublin (01) 704 3000

## On what grounds can claims be backdated?

If you apply late, the Department may consider backdating your Disablement Benefit, but only if:

- you received false or misleading information from the Department of Social and Family Affairs;
- you could not apply sooner, for example due to a severe injury;
- a force majeure occurred (an event that was so intense that made it impossible for you to apply in time), for example a fire or flood in your home; **or**
- you have difficulty paying essential bills.

## How do I get my payment?

Disablement Benefit is paid direct to your bank or building society account

## What happens if I want to apply for Disablement Benefit later?

Not all work accidents or occupational diseases may result immediately in illness or loss of ability.

If you are not immediately incapacitated but wish to protect your future right to Disablement Benefit, you should:

- notify your employer about the accident or disease;
  *and*
- apply for a declaration that your accident or disease was work- related.

**This should be done without delay.**

Declaration forms are available from:

**Injury Benefit Section**
Social Welfare Services Office
Áras Mhic Dhiarmada
Store Street
Dublin 1
Telephone: (01) 7043000

If the disablement develops at a later stage but was caused by the accident, a claim must be made within three months of becoming aware of it.

## Current Rates of Disablement Benefit

Payments are calculated on the basis of those with less than 20 percent disability who receive a lump sum payment and those with a greater than 20 percent disability who are paid a weekly or monthly benefit. The lump sum is not considered taxable whereas the weekly payment is.

## Over 90 percent Disablement

If the worker has over 90 percent disablement, the maximum personal pension is €216.90 per week

If the worker has between 20-90 percent disablement, the maximum personal pension is as follows:

| Level of Disablement | Weekly payment |
|---|---|
| -90 % | €195.20 |
| -80 % | €173.50 |
| -70 % | €151.80 |
| -60 % | €130.10 |
| -50 % | €108.50 |
| -40 % | €86.80 |
| -30 % | €65.10 |
| -20 % | €43.40 |

## Up to 19 percent Disablement

A lump sum may be payable up to a maximum of €15,180.

The extent of Disablement is assessed following an examination by a Medical Assessor who will assess the extent of the worker's loss of faculty as a result of an accident at work. "Loss of faculty" means the worker's inability to enjoy a normal lifestyle because of the loss or partial

loss of ordinary physical or mental abilities as a result of an injury at work. In assessing the degree of loss of faculty, account is taken of the worker's current physical and mental condition compared to his/her pre-accident state of health and how s/he compares with a healthy person of the same age and sex.

If a worker is getting Disablement Pension and is unfit for work, s/he may qualify for Illness Benefit based on social insurance contributions (PRSI). If the worker does not qualify for Illness Benefit, there may be an entitlement to Incapacity Supplement.

## Incapacity Supplement (formerly Unemployability Supplement) *((Department of Social and Family Affairs Information Booklet **SW 31** refers)*

Incapacity Supplement applies to people who are permanently incapable of work, but who are ineligible for Illness Benefit i.e. do not have sufficient social insurance payments. It is a supplement to increase Disablement Benefit in a case where the individual does not qualify for another social welfare payment.

## Administration

Disablement Section, Social Welfare Services Office, Ballinalee Road, Longford deals with claims for Incapacity Supplement.

## Qualifying Conditions

- Person must be in receipt of a Disablement Pension
- Person must be incapable of work for at least 6 months as a result of an occupational accident or disease.
- Person must not qualify for another Social Welfare Benefit such as full rate Illness Benefit or Invalidity pension.
- Person must not be in receipt of any other Social Welfare Benefit or Assistance (See below re Overlapping Payments for exceptions)
- Person must not have earnings in excess of €23.00 per week.

Rates of payment for Incapacity Supplement are contained in the *Department of Social and Family Affairs Information Booklet **SW 19***.

## Back to Work Allowance

Since June 2000, a person in receipt of Incapacity Supplement may apply to avail of the Back to Work Allowance which would be paid instead of the Incapacity Supplement. If, for any reason during the Back to Work period they are unable to continue working their Incapacity Supplement will be automatically restored. *(See page 59 for further information)*.

# Prescribed Occupational Disease *(Department of Social and Family Affairs Information Booklet **SW 33**)*

## What is a Prescribed Occupational Disease?

A prescribed occupational disease is one of the diseases listed in Appendix D that has developed because of the type of work you do. It also includes any condition resulting from the disease.

If you are suffering from a prescribed occupational disease, you may qualify for payment under the Occupational Injuries Scheme.

## What are the main conditions for benefit?

You may qualify for benefit if:

- you are suffering from one of the prescribed diseases;
- you have been employed on or after 1 May 1967 in one of the occupations linked to that disease, (see Notes below);
- the disease results from the nature of your employment.

*Notes: If you satisfy the first two conditions above, you usually also satisfy the remaining condition. If your occupation is not linked to a prescribed disease (other than deafness) but if you can produce evidence to show that the disease was developed due to your employment, you may also qualify for benefit.*

## What benefits may I get under the scheme?

Under the Occupational Injuries Scheme you may get:

- Injury Benefit;
- Disablement Benefit; or
- Medical Care Scheme refunds.

## Injury Benefit

You may get this weekly payment while you are unable to work as a result of an injury you received or a disease you contracted at work. You may only get this benefit for a maximum of 26 weeks. *(See page 62 for further information).*

### Disablement Benefit

You may get this benefit as a weekly or four-weekly pension (or, in some cases, as a lump sum), if you have suffered a loss of physical or mental faculty because of an accident at work or a disease contracted at work. You may normally get this payment when Injury Benefit is no longer paid.

You may get Disablement Benefit from the start of incapacity for the following diseases:

- Byssinosis;
- Pneumoconiosis;
- Occupational Deafness; and
- Occupational Asthma.

*Note: See Appendix D for further information on prescribed occupational diseases.*

You should apply for Disablement Benefit a few weeks before Injury Benefit is due to finish. *(See page 84 for further information).*

### Medical Care Scheme refunds

You may qualify for relief from certain medical expenses resulting from an accident at work or a disease contracted at work. *(See page 69 for further information).*

## Motorised Transport Grant

This is a means-tested Health Service Executive (HSE) grant towards the purchase/adaptation of a car by a person with a severe disability where the car is essential to obtain or retain employment.

### Who qualifies

You must be between the ages of 17 and 66, satisfy a means test and you must have a disability such that it impedes you using public transport and you need to make adaptations to a motor vehicle in order to drive it. The motor vehicle must be essential for you in order to make a living. You must be physically and mentally capable of driving and must hold a full driving licence. In certain circumstances someone else may be approved to drive for the person with the disability where s/he is not physically or medically capable of driving. Sometimes the grant may be made to a self-employed person or to a person who has not already taken up employment but would be able to do so if transport difficulties were overcome. On occasion a grant may be made to someone living in a very isolated area even though they may not be in employment.

If you avail of the grant you will not be eligible for Mobility Allowance for three years from the date of the grant.

## How to apply

Apply to your local Health Office.

## Adaptations and driving

The Irish Wheelchair Association and the Disabled Drivers' Association of Ireland provide advice on suitable car adaptations to meet individual needs. They run driving schools for people with disabilities and can provide information and advice on all aspects of motoring. *(Contact details are displayed in the Useful Contacts section).*

## Disabled drivers and passengers tax relief

This scheme provides a range of tax relief in connection with the purchase and use of specially adapted vehicles by drivers and passengers with severe disabilities.

## Who qualifies

You must meet the specified medical criteria and have a Primary Medical Certificate to that effect from the Senior Area Medical Officer in your Local Health Office.

## Tax relief

If you qualify you may claim:

- exemption/refund of Vehicle Registration Tax (VRT) and Value Added Tax (VAT) on the purchase of a specially adapted car and of VAT on the cost of adaptation up to a maximum of €9,525 for a disabled driver and €15,875 for a disabled passenger.
- repayment of excise duty on fuel used e.g. petrol, up to a maximum of 600 gallons per year;
- exemption from annual motor tax.

If the driver of the car has a disability, the maximum engine size allowed is 2,000cc and 4,000cc for a passenger with a disability. A car, which qualifies for tax relief, cannot be sold for at least two years.

*Note: People who benefit from the Disabled Drivers and Passengers Tax Relief are only eligible for the lower rate of Mobility Allowance.*

## How to apply

Application forms available from:

**Disabled Drivers Section**
Central Repayments Office
Office of the Revenue Commissioners
Coolshannagh
Co. Monaghan
Tel: (047) 38010 or LoCall 1890 606 061

## Disabled Person's Parking Card

The Disabled Person's Parking Card (with the EU logo) is for people with severe disabilities, whether they are drivers or passengers. It costs €25 and it applies to the person rather than to the car. Cardholders can park in disabled parking spaces.

## Who qualifies

It is for people, whose disability affects their mobility, including people who are registered as blind.

## How to apply

Apply in writing for an application form, stating your disability and how it affects your mobility, and enclose a stamped addressed envelope. You have to get the form completed by the Gardaí and by your doctor, if you do not have a Primary Medical Certificate. The application form is available from the Irish Wheelchair Association and/or the Disabled Drivers' Association of Ireland. *(Contact details for both organisations are displayed in the Useful Contacts section).*

## Toll Road Charges

Drivers/passengers with a disability who use specially adapted cars are exempt from toll charges on national roads throughout Ireland. Toll charges are currently in operation on the following four national roads in Ireland:

- East-Link Toll Bridge (Dublin);
- West-Link Toll Bridge (Dublin);
- North-Link M1 Toll (Drogheda By-Pass;
- M4 Toll (Kinnegad-Enfield-Kilcock).

## Rules

You will need to complete an application form for exemption from toll charges on the East-Link, West-Link and M1 Toll. (If you are a disabled driver driving an adapted vehicle, you are exempt from tolls on the M4 Toll). Up to now disabled drivers were allowed to cross the East link Toll bridge and the M1 Toll free on display of an International Disabled Person's Parking Card. However, a special card called a **Concessionary Travel Card** must now be produced when going through all tolls. If you do not have your Concessionary Travel card with you, you must pay the normal toll at the barrier.

## Applying for a Concessionary Travel Card

To avail of the exemption from toll fees at the East-Link, West-Link and M1 toll bridges, you should complete an application form. The forms are not currently available online.[81]

## Where to apply

Contact
**National Toll Road PLC**
Concessionary Travel Section
East-Link toll Bridge Ltd.
York Road
Ringsend
Dublin 4
Tel: (01) 668 2888
Fax: (01) 668 2562
E-mail: info@ntr.ie

81 http://www.oasis.gov.ie/transport/transport_and_disability/exemption_from_toll_charges_for_disabled_drivers_in_ireland.

As part of your application, you have to provide a passport size photograph of the disabled driver or the disabled passenger and a copy of **two** of the following documents:

- an exempt motor tax disc;
- primary medical certificate;
- proof of refund of VAT/VRT;
- proof of refund of excise duty on fuel.

You will then be issued with an official Concessionary Travel Card, which lasts for three years from the date it is issued. Each time you pass through the toll plaza, you must show your card to the toll operator and you will be allowed to pass through for free. Failure to show your card will mean you must pay the appropriate toll.

You simply need to show you are a disabled driver, driving an adapted vehicle to qualify for free passage through the M4 toll.

### Constant Attendance Allowance

This allowance can be paid weekly as an increase to a Disablement Pension if you are so seriously disabled as to need someone (a relative or some other person) to help you daily at home to attend to your personal needs for a period of at least 6 months. You must be getting a Disablement Pension of at least 50 percent.

### How to apply:

Contact
**Disablement Benefit Section**
Social Welfare Services Office
Ballinlee Road
Longford
Tel: (043) 45211 or (01) 704 3000.

## Benefits-in-Kind

Benefits-in-Kind are administered by the Department of Social and Family Affairs and consist of Free Travel and Free Electricity/Natural Gas Allowance, Free TV Licence and Free Telephone Rental Allowance. These benefits, with the exception of Free Travel, are incorporated into the Household Benefits Package. There is also a Fuel Allowance scheme.

The rules for getting these benefits are complex and will depend on individual cases. If you think you may qualify then go ahead and apply.

## Free Travel *(Department of Social and Family Affairs Information Booklet **SW 40**)*

The Free Travel Pass is available to people aged 66 and over and to certain eligible people under age 66 and allows them to travel, free of charge, on public transport and on a number of private bus and ferry services.

### Those who qualify include:

- Everyone aged 66 or over and permanently resident in the state;
- Recipients of Disability Allowance, Blind Pension and Invalidity Pension and/or people who have been receiving Incapacity Supplement or Workmen's Compensation with Disablement Pension, for at least 12 months;
- Those registered as blind or with a severe visual impairment who satisfy the medical conditions for Blind Pension;
- Anyone who is permanently resident in Ireland and has been receiving an Invalidity Pension for at least 12 months from an EU state or from a country that has a bilateral social security agreement with Ireland; and
- People who were receiving Invalidity Pension or Disability Allowance and changed to Retirement Pension at age 65.

*Note: While everyone aged 66 or over is eligible, the age qualification does not apply to people with disabilities.*

### Services

Free travel is available on road, rail and DART services operated by Bus Éireann, Dublin Bus, Iarnród Éireann, LUAS services, the Aran Islands ferry service and on certain private services which have opted for the scheme.

You can also use your free travel pass on any of the 34 schemes under the Rural Transport Initiative.

Free travel pass holders can complete return trips to Northern Ireland free of charge. If travelling by rail you must complete a travel warrant available from most rail stations or post offices. You should complete this in advance of your journey and get the rail ticket at least 15 minutes before departure time.

People who are entitled to free travel are also entitled to have their spouse/partner travel free with them or may be entitled to a Companion Pass.

### Companion Pass

The Companion Free Travel Pass allows you to have someone aged 16 or over accompany you free of charge when travelling.

Those who qualify include:

- Disability Allowance (DA) recipients (medically certified as unfit to travel alone);
- Invalidity Pensioners (medically certified as unfit to travel alone);
- Pensioners and recipients of certain qualifying payments who are medically certified as permanent wheelchair users;
- Those registered as blind or with a severe visual impairment who satisfy the medical conditions for Blind Pension
- Recipients of Blind Pension, Invalidity Pension and DA who transfer to the old age pension at age 66;
- Recipients of Unemployability Supplement for at least 12 months (medically certified as unfit to travel alone).

### How to apply

A Free Travel Pass is issued automatically if you are receiving Blind Pension, Invalidity Pension, Disability Allowance or Carer's Allowance and at age 66 if you are getting a pension from the Department of Social and Family Affairs. Application forms are available from post offices and from

**Free Travel Section**
FREEPOST
Pension Services Office
College Road
Sligo
Tel: Lo Call 1890 500 000 or (071) 916 9800.

## Household Benefits Package *(Department of Social and Family Affairs Information Booklet SW 107)*

There are three allowances that make up the Household Benefits Package:

### Allowance 1

- Electricity Allowance;
  **or**
- Natural Gas Allowance;
  **or**

- Electricity (Group Account) Allowance;
  **or**
- Bottled Gas Refill Allowance.

## Allowance 2

- Telephone Allowance.

## Allowance 3

- Free Television Licence.

## Allowance 1

This allowance is an Electricity or Natural Gas Allowance and is made up of 4 different options. If you have an electricity and natural gas supply, you must select either the Electricity Allowance or Natural Gas Allowance. The Electricity (Group Account) Allowance is only available if you have an electricity slot meter or if the registered consumer of electricity is a landlord. The Bottled Gas Refill Allowance is only available to you if you don't have an electricity or natural gas supply.

### a. Electricity Allowance

The Electricity Allowance covers normal standing charges and up to 2,400 units of electricity each year.

### b. Natural Gas Allowance

The Natural Gas Allowance is an alternative to the Electricity Allowance if your home is connected to a natural gas supply. It covers normal standing or supply charges and a certain amount of natural gas kilowatt hours each year. The amount varies depending on the tariff. You may get this allowance if you are a gas card customer. This allowance provides a credit of up to €108.00 in each two-monthly billing period in winter and a credit of up to €55.34 in each two-monthly billing period in summer.

### c. Electricity (Group Account) Allowance

If you live in self-contained accommodation (a flat or an apartment) and you have an electricity slot meter or the registered consumer of electricity at your address is a landlord, you may qualify for an Electricity (Group Account) Allowance. The current rate is €43.00 per month.

### d. Bottled Gas Refill Allowance

If your home is **not** connected to an electricity or natural gas supply but you otherwise satisfy the conditions of the scheme, you may get the Bottled Gas Refill Allowance. It is made up of a book of 15 vouchers. You can exchange each voucher for a cylinder of gas at a retail outlet of your choice.

## Allowance 2

### Telephone Allowance

The Telephone Allowance scheme provides a payment towards your telephone bill. The value of the allowance is:

- €40.82 plus VAT - if you are billed every two months;
- €49.40 (including VAT) - if you are billed every two months;
  or
- €20.41 plus VAT - if you are billed monthly;
- €24.70 (including VAT) - if you are billed monthly.

## Allowance 3

### Free Television Licence

Once you qualify for the Household Benefits Package you may get a Free Television Licence from the next renewal date of your television licence. Once approved, the licence is renewed automatically.

### How do I qualify?

**Those who qualify if they meet certain conditions include:**

- Those receiving an Invalidity Pension, Disability Allowance or Blind Pension from the Department of Social and Family Affairs;
- Those receiving Incapacity Supplement or Workmen's Compensation with Disablement Pension (for at least 12 months).
- Those receiving an Invalidity Pension/Benefit from another EU state or from a country with which Ireland has a bilateral social security agreement for at least a year.

**To be eligible, the account must be in your name and you must be living alone or only with:**

- a qualified adult (adult dependant);
- an invalid;
- a person who could qualify in his/her own right;
- a dependant child or children aged under 18 or up to age 22 and in full time education;
- a person who lives with you in order to provide full time care and attention and you are in need of constant care.

If there are any other people living in your household you may still qualify if they fall into any of the categories above.

## How are the allowances paid and what do they cover?

### Electricity Allowance

**How it is paid**

If you are awarded an Electricity Allowance, it will be paid as a credit on your electricity bill.

**What it covers**

The Electricity Allowance covers:

- normal standing charges;
  **and**
- up to 2,400 units of electricity each year.

**You may only get the allowance if the electricity account is registered in your name.** If your name is not on the bill, you should ask your electricity provider to have your name included on the bill.

### Natural Gas Allowance

**How it is paid**

If the Department of Social and Family Affairs approve your application for Natural Gas Allowance, the allowance is applied to your natural gas account from the start of the two monthly billing period that begins after your application is received.

The allowance will appear on the second gas bill you receive after that date, and will include any arrears due to you.

**What it covers**

If you are paying for natural gas on the Standard Tariff, the allowance covers the supply charge and up to 3,600 kilowatt hours. If you pay for natural gas on another tariff, you will get an equivalent allowance.

*Notes:*

- *The Natural Gas Allowance cannot be paid at more than one address or at the same time as an Electricity Allowance is in payment.*
- *Bord Gáis issue bills in arrears. This means that the normal Natural Gas Allowance credit that appears on your bill refers to the two month period before the bills are sent out.*
- *The Natural Gas Allowance does not cover the cost of installing a natural gas supply to your home.*
- *You may only get the allowance if the gas account is in your name. If your name is not on the bill, you should ask your gas provider to include your name on the bill.*

## Bottled Gas Allowance

**How it is paid**

If your home is **not** connected to an electricity or natural gas supply but you would otherwise satisfy the conditions of the scheme, you may qualify for a Bottled Gas Refill Allowance. If the Department of Social and Family Affairs approve your application for the allowance, you will get a book of vouchers.

**What it covers**

You can exchange each voucher for a cylinder of gas at a retail outlet of your choice. The allowance **does not** cover the cost of buying or hiring empty cylinders or for the delivery of cylinders of gas.

## Telephone Allowance

**How it is paid**

If you are awarded a Telephone Allowance, it is paid as a credit on your telephone bill.

**What it covers**

The Telephone Allowance is a payment towards your telephone bill. The value of the allowance is:

- €40.82 plus VAT - if you are billed every two months;
- €49.40 (including VAT) - if you are billed every two months;
  **or**
- €20.41 plus VAT - if you are billed monthly;
- €24.70 (including VAT) - if you are billed monthly.

The allowance does **not** cover the initial charge for installing the telephone.

**You may only get the allowance if the telephone account is in your name.** If you have a telephone in your home, but your name is not on the telephone bill, you should ask your telephone company to change the name on the bill.

## Free colour television licence

**How do I get a Free Television Licence?**

If you qualify for the Household Benefits Package you will get a Free Television Licence from the **next renewal date** of your current television licence. This entitlement will last as long as you continue to receive the Household Benefits Package. The Department of Social and Family Affairs will send you a letter telling you that you have been awarded the Electricity or Gas Allowance, Telephone Allowance and Free Television Licence.

### How do I apply for the Household Benefits Package?

Contact

**Free Schemes Section**
Pension Services Office
FREEPOST
College Road
Sligo
LoCall: 1890 50 00 00 ext 48371

## Fuel Scheme

The National Fuel Scheme provides a weekly means tested payment to help a household, dependant on long-term social welfare or HSE payment, provide for their heating needs.

### Who qualifies

You may qualify if you are dependant on a long-term social welfare or HSE payment or similar payment. This includes people on long-term Jobseeker's Allowance or Incapacity Supplement.

You must satisfy a means test and be living alone or only with:

- a dependant spouse/partner and/or a dependant child/children;
- a person who is caring for you because you are an invalid;
- another person or people who meet the conditions for the fuel allowance or a recipient of Unemployment Assistance (short-term).

### Payment

The allowance in €18 per week and is usually included in your normal weekly payment. Only one fuel allowance is payable to a household. The Fuel Scheme operates for 29 weeks from the first week in October to April.

### Smokeless fuel

If you qualify for the basic fuel allowance you may also get an extra €3.90 a week if you live in an area where there is a ban on smoky coal. The €3.90 may also be payable to those receiving Illness Benefit, Jobseeker's Benefit/Allowance for at least 13 weeks. Those getting Occupational Injury Benefit for at least 13 weeks also qualify.

### How to apply

Apply to the section in the Department that pays your benefit[82].

*Note: The Department states that qualifying conditions for their schemes change from time to time and advises applicants to always check with their local social welfare office to see if qualifying conditions have changed or to contact their Information Services at (01) 704 3000.*

## Living Alone Allowance *(Department of Social and Family Affairs Information Booklet **SW 36**)*

The Living Alone Allowance is available to certain persons living alone. The weekly payment is €7.70 per week. Persons under 66, who are granted payment, are generally in receipt of disability payments, i.e. Blind Pension, Invalidity and Illness.[83]

## Assistance under the Supplementary Welfare Allowance Scheme *(Department of Social and Family Affairs Information Booklet **SW 54**)*

There are special provisions for Diet Supplements, Exceptional Needs Payments, Heating Supplements, Rent and Mortgage Supplements and Urgent Needs Payments under the Supplementary Welfare Allowance Scheme. The amount of any supplement will be decided by the Health Service Executive based on your circumstances.

For more information about Supplementary Welfare Allowance

Contact

**Supplementary Welfare Allowance Section**
Department of Social and Family Affairs, Pension Services Office, College Road, Sligo
Telephone: LoCall 1890 500 000 (071) 916 9800

## Back to School Clothing and Footwear Allowance *(Department of Social and Family Affairs Information Booklet **SW 75**)*

The Back to School Clothing and Footwear Allowance helps towards the cost of uniforms and footwear for school children. The Scheme operates from 1st June to 30th September each year.

The scheme, offers help to school-going children for whom a child dependant increase is payable and is run by the local office of the Health Service Executive as part of the Supplementary Welfare Allowance Scheme.

82 Comhairle (2005) **Entitlements for people with disabilities.**
83 McCann. A. (2006) **Know Your Rights A simple guide to social and civic entitlements in Ireland.**

# 7 Managing the Return to Work of an Injured Worker

Most employers only think about how to manage the return to work of an employee following absence due to work-related injury when it actually happens. Compelling evidence exists to indicate that the employer should be proactive, not reactive, in their approach to work-related injuries. They need to think through how they would manage the situation in advance. If an employer hasn't got a strategy of outlining what to do if someone is absent with a work-related injury, then it will be far more difficult to help them effectively to return to work. Good practice in the area of return to work includes three main types of workplace health activity, as outlined below:

- Managing identified risks, meeting statutory requirements on occupational health and safety – essentially a preventive strategy with regard to occupational illness and injury;
- Undertaking workplace health promotion – not generally a statutory activity, this is targeted at improving the health and well-being of the employee to create a healthy working environment;
- Intervening early when an employee suffers an injury; and implementing appropriate policies and procedures.[84]

Good practice requires a proactive set of policies that focus not only on the activities, which must take place when a worker becomes injured, but also on the adoption of preventive and promotion practices in relation to worker health.

Developing policies early is the first step when taking a proactive approach. It is not appropriate to introduce injury management guidelines and/or a return to work policy after the worker has sustained a work related injury. Trying to introduce a strategy at that time can appear to victimise the individual by forcing a return to work. The existence of supportive injury management guidelines and return to work policy and procedure should be introduced to all workers during their induction programme so it is clear from their first day of work what will happen if they become injured at work.

84 Wynne R. and McAnaney D. (2004) **Employment and disability: Back to work strategies.**

## Injury Management

As a result of employee accident and/or injury employers are losing valued staff members. Developing and implementing injury management guidelines and having a return to work programme may prevent this job loss as it develops an early system of intervention and support for workers and helps employers to follow best practice.

Injury management is a term used to describe all the processes involved in supporting a worker with a work-related injury to recover and return to work and refers to the steps an employer can take to assure that an employee can recover and safely return to their work as early as possible.[85] An important piece of injury management is preventing work-related injuries by identifying and correcting potential hazards, from chemicals to poorly designed workstations.

If a work-related injury does occur, handling the case appropriately can encourage a prompt recovery and save money.

It is the intention of Section 23 of the Safety, Health and Welfare at Work Act 2005, that an employer may require an employee to undergo an assessment by a registered medical practitioner, nominated by the employer, of his or her fitness to perform work activities. Following an assessment, if the medical practitioner is of the opinion that the employee is unfit to perform work activities, he or she shall notify the employer of that opinion and the likelihood of early resumption of work for rehabilitative purposes. Section 23 will also place an onus on an employee who becomes aware that he or she is suffering from any disease of physical or mental impairment, which, may be likely to cause him or her to expose himself or herself or another person to danger or risk of danger.

Issues for employers include:

- taking steps to prevent injuries from occurring at work;
- assuring that an employee received medical treatment if an injury occurs;
- knowing how the injured employee is doing and whether the employer can help with any problems or concerns;
- facilitating the payment of benefits and salary;
- planning ahead to allow for a longer-than expected period of disability;
- ensuring employee undergoes assessment by a registered medical practitioner of their fitness to perform work activities;
- providing modified work if available.

85 WorkCover (2001) **Guidelines for Injury Management at the Workplace.**

## Importance of Injury Management

Work Injuries are in part, random events, but they are also, to some extent, under the control of employer and worker. Employers can reduce the number of workplace injuries by investing in safe techniques, providing workers with Personal Protective Equipment (e.g. hard hats and safety glasses), training workers and their supervisors, etc. Workers can avoid accidents by following safe work practices and by taking greater care in the job.

Both parties incur costs when an accident occurs. Workers' costs include potential loss of income, medical expenses associated with treatment and rehabilitation as well as intangibles such as pain and suffering and disability that reduce the ability to enjoy leisure activities. Employers' costs include interruptions in production and damage to capital equipment and physical plant.[86]

Effective Injury Management increases the chances of retaining the skills of an experienced worker, may keep down the costs of claims and assists employers to meet their legal responsibilities under the health and safety legislation.

Employers are legally responsible under health and safety legislation to provide a safe place of work for all employees. The Safety, Health and Welfare at Work Act 2005 places primary responsibility for worker safety and health on employers, because it is they, in effect, who create the workplace. It is a requirement on every employer to have a written Safety Statement, which identifies the risks and hazards in the place of work. Small businesses with three or less employees can meet the Safety Statement requirement by adhering to a special Code of Practice to be developed by the Health and Safety Authority for a particular industry or sector.

Other responsibilities of employers are to:

- provide information for workers. This must be presented in a way that workers can understand, especially if they have difficulty understanding or reading English;
- have policies and procedures about health and safety;
- provide health and safety training for workers;
- consult on the identification of risks;
- consult with workers about anything that might affect their health and safety;
- consult with workers in the identification of risks;
- appoint a competent person to perform functions relating to the protection from and the prevention of risks to safety, health and welfare at work.[87]

86 Thomason T. (2003) **Economic incentives and workplace safety.**
87 Safety, Health and Welfare at Work Act 2005 Part 3 Section 18.

- identify anything at work that could harm or injure workers and do whatever necessary to make it safe;
- provide first aid facilities for workers. This is particularly important, as immediate first aid can prevent an injury from getting worse and may even save a life.

Workers also have additional responsibilities under the Safety, Health and Welfare at Work Act 2005. One of the things workers must do is report to their employers any hazardous situations or incidents that they become aware of. (A hazard is anything that has the potential to cause injury or illness.) The employer must then take whatever action is necessary to make it safe for workers.

Health and safety legislation aims to encourage a responsible attitude on the part of both employers and employees. Under the heading of duties of employees, in general, employees must:

- comply with relevant safety and health laws;
- not be under the influence of an intoxicant at the place of work to the extent that the state he or she is in is likely to endanger his or her own safety, health or welfare at work or that of any other person; and in that regard submit to an appropriate test, if reasonably required by their employer;
- not engage in improper conduct or behaviour;
- wear personal protective clothing where necessary;
- co-operate with their employer and look out for one another, and
- not do anything, which would place themselves or others at risk.[88]

Employers wishing to comply with health and safety legislation are advised to make employees aware of the safe working practices of the place of employment during the induction programme.

## Induction Programme

The purpose of induction is to introduce a new employee to their new work environment and its importance cannot be over-emphasised. It is a legal obligation on employers to provide formal health and safety training. It has also been found that new arrivals are statistically the most likely to be injured, and soon after starting work.[89]

Sections 19, 23 and 26 of the Safety, Health and Welfare at Work Act 2005 are of significance at the induction stage.

88 Health and Safety Authority. **A Short Guide to the Safety, Health and Welfare at Work Act 2005.**
89 Construction Employers Federation (n.d.) **Site Induction Programme.**

Induction should be provided at a rate that allows the worker to take it in and understand it properly.

General areas to cover include:

- a copy of any procedures and handbooks;
- any uniforms and standard equipment they will use;
- job description;
- terms and conditions of employment, including such details as hours of work – including breaks, sickness and holiday procedures, disciplinary and grievance procedures; and
- injury management procedures;
- health and safety – employers are legally required to provide workers with any health and safety information they need to carry out their job safely. The business' health and safety policy can be outlined in detail at the induction stage, including such details as:
  - employers' and individual's responsibilities on health and safety;
  - workplace safety rules;
  - conditions and substances affecting health and safety, for example, if you are under the influence of alcohol and drugs, you will be sent home (duty of care to yourself and others);
  - major causes of accidents;
  - personal protective equipment;
  - accident reporting and first aid;
  - fire and emergency procedures;
  - fire extinguishers.

Employers must inform workers – preferably on the first day – of fire safety procedures and what to do if the fire alarm sounds. If there are particular hazards, e.g. in a factory or on a building site, there is a duty of care on employers to ensure that new employees are made aware of them and what precautions need to be taken.

## Tour of the building

A tour of the building will familiarise the new workers with where they will be working and the location of any facilities, e.g. canteen, toilets, changing/drying Rooms, first aid box, and will provide an opportunity to introduce them to colleagues such as their line manager, the safety officer, the designated first aider, and trade union/employee representatives.

**A LESSON FROM CASE LAW**

The District Court in Galway fined a retailer €600 earlier this year where it had no safety statement and had not identified the hazards or assessed the risk posed by manual handling in the store. The case arose following an accident where the shop manager was seriously injured while moving a large quantity of stock to the storeroom. Items weighing up to 28kgs had to be carried up a 50-foot stairwell. The retailer, part of a multi-national chain pleaded guilty to the offences and told the court that it had since retained the services of a safety consultant and now had a safety statement which included a manual handling risk assessment.

*Source: ShelfLife Magazine September 2003*

## Implementing Injury Management

Successful return to work depends on constructive co-operation between everyone involved. A workplace return to work policy and plan is a good foundation for this.

In small businesses, all that may be necessary is to have a plan in place for injury absence and to be aware of the kind of measures that could be made to help the injured worker return to work. In larger companies, a formal return to work policy, although not required by law, is a useful way of setting the stage, and defining roles and responsibilities.

## Starting Points

- Promote Health and Well-being;
- Undertake Risk Assessment;
- Write and adopt policies and procedures;
- Communicate the policy and procedure to all employees;
- Assign responsibility to individual workers/Supervisors for supporting the programme and for assisting in the worker's return to work;
- Devise and implement policies and procedures to support an injured worker to return to work;
- Contact the specialists in the field who can help. *(See Useful Contacts section).*

## Injury Management Guidelines

The purpose of injury management guidelines is so that workplaces have a clear written statement of actions and responsibilities (in other words, who will do what) in the event of a worker being injured at work. It means the employer and the workers have thought about and discussed the best way of handling injury reporting, compensation, and rehabilitation and have agreed injury management and return to work policies and procedures.

**Step 1:** Write and Adopt Policies and Procedures.
Write and adopt a policy statement that confirms commitment as an employer to a return to work programme. The policy need only be a few lines, one useful example is the Workplace Safety Code displayed below.

DECLARATION

This Declaration is a formal statement of commitment to the safe working and accident prevention Code.

*A.B.C .Ltd. of New Street Old Town*

**WORKPLACE SAFETY CODE**

• PREVENTION
This Organisation is committed to the prevention of workplace accidents. It has identified hazards and carried out appropriate risk assessments. With its employees/safety representatives, it has developed a shared commitment to workplace health and safety and put in place appropriate controls to manage the risks.

• INTERVENTION
In the unfortunate event of an accident, it will operate the *Workplace Safety Code* and deal with the outcome of the accident promptly and with consideration. Where possible and appropriate, it will resolve any issues relating to medical and other related matters as they arise.

• RETENTION
Facilitate return to work, as soon as possible.

If an agreed financial settlement arises, if possible it will be resolved with the employee[90].

(Signed).....

Date.....

Write procedures that explain step by step what will happen from the time of injury until after the injured worker returns to work. Include clear detailed instructions that identify who does what and when they do it.[91]

90 Workplace Safety Code Brochure 2006.
91 IBEC/ICTU (2005) **Workway Disability and Employment Guidelines.**

Include information such as:

- Which workers have First Aid certification?
- Who an injured worker should notify in the event of an injury?
- Who else should be notified?
- What are the procedures for the injured worker to follow?
- Who is responsible for keeping in contact with the injured worker should s/he be out from work as a result of the injury?
- What support an injured worker can expect from you and others?
- Contact and communication with the treating doctor
- Who decides what work duties are appropriate on the worker's return to work, and how?
- Who can be contacted for advice and support?

**Step 2:** Communicate the policy and procedures to all employees. This should first be communicated to workers at induction stage.

**Step 3:** Assign responsibility to individual workers/supervisors for supporting the programme, for training in First Aid and for assisting in the worker's return to work.

## Importance of Employee Involvement

Everyone needs to understand that the return of an injured worker might require what might be perceived as "special treatment". Understanding the programme will provide reassurance that everyone as appropriate will receive similar consideration and treatment. Involving employees in the development and implementation of the return to work programme encourages a feeling of ownership of the programme and maximises the opportunities for success. Employees who are involved are more likely to encourage and accept return to work efforts on their own behalf and on behalf of their co-workers. Employees, supervisors, and managers who help with training and re-training efforts, developing job descriptions, recommending modifications to jobs, and identifying meaningful alternate assignments develop a sense of ownership and responsibility for the success of the programme.[92]

The success of an injury management return to work programme hinges on good communication between all parties, including the treating doctor.

92 IBEC/ICTU (2005) **Workway Disability and Employment Guidelines**.

## Physical Injury Prevention Check List

- Train employees regularly on the health and safety aspects of their jobs;
- Require and enforce the use of personal protective equipment and clothing required where needed;
- Make sure work sites are clean and orderly, walking surfaces properly repaired, stairways fixed with guardrails, and aisles and exits free of obstructions;
- Clear up floor spillages quickly;
- Ensure stairs are well lit;
- Conduct regular inspections of your workplace. Look for poorly designed workstations, electrical cords that someone could trip over, overloaded electrical outlets, top-heavy bookcases etc.;
- Ensure employees who lift heavy loads receive manual handling training;
- Post emergency telephone numbers where they can be easily located;
- Have an accessible first aid kit. Make sure it contains the items needed for the type of injuries likely to happen in your workplace;
- Ensure there is a trained First-Aider on the work roster at all times;
- Have regularly maintained fire extinguishers readily available.

*(Note: While the above check list is not exhaustive, it highlights issues for consideration.)*

## Assessment of Injured Worker

The employer can arrange for an assessment of an injured worker's capability of participating in a return to work programme at any time. The reasons for initiating an assessment will vary depending on the individual case, however the triggers for such an assessment could include:

- any absence from work indicating a severe injury, especially an expected absence from work for 21 days or more;
- the nature or circumstance of the injury being such that it alerts to a potentially complex case, such as a soft tissue injury or occupational overuse;
- the medical evidence or prognosis suggests that there is a possibility of re-injury at work;
- the employee has had a previous injury;
- the work environment, including relationships with supervisors and co-workers, has contributed to the injury;
- the employee has made a request for an assessment (in writing).

Should the medical assessment and consultation with the treating doctor indicate that the worker will need support and intervention to enable a safe return to work, the next step is to prepare a return to work plan. An important step in preparing the plan is consultation with the worker concerned, and to get the agreement of any work colleagues affected by the plan. The Safety Representative has the right to be consulted on anything in the plan, which could impact on the health and safety of other workers.

If after an injured worker has been evaluated, it is decided that s/he cannot make a full and immediate return to work, then work tasks and working hours can be adapted with regard to what the worker can manage. This might lead to the individual working alongside colleagues but with restrictions as to responsibilities, activities etc. If these cause the individual problems, working hours might also be adapted to 25 percent, 50 percent, 75 percent of ordinary hours. Working hours can be increased gradually to find a level of work with which the individual can cope. Job training can also be undertaken outside the individual's ordinary field of work with a view to finding tasks that the individual can manage. The objective of job training is to assess the individual's working ability and the field of work with which s/he can cope.[93]

A "return to work" plan is developed and delivered consistent with medical advice and where necessary the use of a rehabilitation expert. The rehabilitation is focused on the individual's role in the workplace, and aimed at maintaining the injured worker within the workplace or returning them to appropriate employment in a timely, safe and cost efficient manner. Close communication and co-operation between the employer, the injured employee, the supervisor, the treating doctor and the rehabilitation expert enables the development of a coordinated return to work plan.

The medical practitioner issues the Medical Certificate, which states when the worker is able to return to work and what tasks they are able to do. In order to make an informed decision and develop a return to work plan, the doctor will need to be furnished with specific information such as, description of the worker's regular job, including job task analysis and information about available alternate assignments. The doctor will than compare this information to the functional capacity evaluation of the injured worker to ensure that the worker is capable of undertaking the tasks assigned to him/her on return to work.

## Job Task Analysis

Job Analysis is a process to identify and determine in detail the particular job duties and requirements and the relative importance of these duties for a given job. A job task analysis breaks down each job into separate physical tasks and describes details required to do the work, such as endurance required, postures, work environment, equipment used, and weights of objects to be used. The analysis details the core and peripheral functions of the job,

93 Ahlgren et al (2005) **'Disability pension despite vocational rehabilitation? A study from six social insurance offices of a county'.**

how it is organised, and its setting/location. The job analysis details the mental and physical requirements of the job tasks as well as the working conditions, particular risks or inherent stresses in the work. Having this information to hand will speed up the determination of appropriate assignments and facilitate a successful return to work.

Undertaking a job task analysis will provide the basic framework within which appropriate assignments can be determined. Employees who perform the work are most familiar with how the work is done, and are a valuable resource in completing the task analysis.

## What Aspects of a Job are Analysed?

- **Duties and Tasks** The basic unit of a job is the performance of specific tasks and duties. Information to be collected about these items may include: frequency, duration, effort, skill, complexity, equipment, standards, etc.;
- **Environment** This may have a significant impact on the physical requirements to be able to perform a job. Does the work involve the handling of chemicals or working in extreme temperatures?
- **Tools and Equipment** Some duties and tasks are performed using specific equipment and tools. Equipment may include protective clothing. These items need to be specified in a job analysis;
- **Relationships** Supervision given and received and relationships with internal or external people;
- **Requirements** The knowledge, skills, and abilities required to perform the job.[94]

## Undertaking a Job Analysis

A job analysis is the process of breaking down a job into its component parts. First, make a list of tasks necessary to perform the job. Next, ask yourself the following questions about each task:

1. How often does the task take place?
2. How is the task performed? What methods, techniques, or tools are used?
3. How much time does the task take? Does it consistently take this much time?
4. Why is the task performed?
5. Where is the task performed?
6. How do we measure whether the task was accomplished or not?
7. What happens if the task is done incorrectly?

94 IBEC/ICTU Workway (2005) **Disability and Employment Guidelines.**

8. What aptitudes (potential to learn and accomplish a skill) are necessary?
9. What general knowledge is necessary?
10. What skills are necessary?
11. How much physical exertion is needed (lifting, standing, sitting, etc.)?

## Work Environment

- Where are the essential functions of the job carried out?
- How is the work organised for maximum safety and efficiency?
- What are the physical conditions of the job setting (indoors, outdoors, underground, air- conditioned, dirty, greasy, noisy, sudden temperature changes etc)?
- What are the social conditions of the job (works alone, works around others, works with the public, works under close supervision, works under minimal supervision, works to deadlines)?

## Skills/Qualifications/Experience

- What are the general skills needed for the job?
- What specific training is necessary? Can it be obtained on the job?
- What previous experience, if any, can be substituted for the specific training requirements?[95]

*Note: See Appendix D for a sample job analysis form.*

The final outcome of a job analysis should be a comprehensive list of the tasks required for a specific job. A complete understanding of these tasks will guide the efforts to return the worker to the workplace.[96]

## Functional Capacity Evaluation

A functional capacity evaluation (FCE) is used to clarify the worker's ability to safely perform work tasks.[97] It is usually carried out by a physiotherapist or occupational therapist who has had training in this area and it measures a worker's capacity to perform specific work activities or tasks. It compares the work performance capacity of the individual worker with the physical demands of a job or series of job tasks.

95 IBEC/ICTU Workway (2005) **Disability and Employment Guidelines.**
96 National Institute of Disability Management and Research (2004) **Challenges in Disability Management A Resource Manual for Return to Work Practitioners.**
97 National Institute of Disability Management and Research (2003) **The role of assessments.**

A functional capacity evaluation is based on objective physical performance measures, rather than on the worker's subjective report of functional ability and pain. It involves a range of measures taken in order to determine whether the capacity of the individual matches the requirements of a variety of job tasks that might be undertaken on return to work.

## Why Carry out a Functional Capacity Evaluation?

A functional capacity evaluation is useful in determining workers progress in functional ability and capability of performing part of his or her job. It also can determine whether and when the worker is ready to safely return to work and carry out all the physical demands of a known job.[98]

The functional capacity valuation (FCE) is an important factor in the safe and successful return to work process. The FCE report is the critical piece of information needed to determine the specific functional abilities and/or limitation of the returning worker. This specific information is extremely important. It provides the treating doctor with measurable information regarding the injured worker's functional ability – for example:

- specific work postures that the worker is able or unable to assume;
- safe workloads and ability to tolerate repetitions;
- specific job modifications to allow for a safe return to work.

The treating doctor can pair this information describing the worker's functional condition with the worker's medical condition and with the job analysis supplied by the workplace and thus make informed recommendations for a safe return to work.[99]

The functional capacity evaluation will help to establish what specific job modifications (if any) need to be made by the employer before the worker can safely return to work and what specific movements/positions cause an increase in symptoms and may need to be modified by position changes.

The FCE allows for the safe return of a worker to a job that clearly meets the worker's abilities and the worker will have a clear understanding of what motions or postures aggravate or increase his or her symptoms.

In many instances the worker will be able to undertake all the tasks assigned to their position, but not for a full work day. In these cases, a graduated return to work may be called for. This entails bringing workers back to their own job for a limited number of hours per day or week. As their physical abilities improve, there can be a corresponding increase in the number of hours at the worksite.

98 National Institute of Disability Management and Research (2003) **The role of assessments.**
99 Walker, A.M. (1995). Functional Capacity Evaluations. In S.J. Isernhagen (Ed.), **A comprehensive guide to work injury management.**

In other instances, workers' medical restrictions may preclude them from performing part of the job. In these cases workers may be assigned only those tasks within their restrictions and receive assistance fro those areas of the job they cannot perform. Caution should be taken to ensure that co-workers are not being assigned all of the heavy tasks with the injured worker performing the lighter tasks.

In some cases, the worker cannot do any part of their job and requires temporary alternative work. For example, if the worker's own job is entirely in the 'heavy' range of physical activity but they are restricted to only 'light' work, alternative work must be located. It is very important that alternative work is productive and meaningful.

The key is to match the worker's accommodated or modified work with their current medical limitations. As the medical limitations change, the type and duration of work needs to change.[100]

## Stakeholders

There are various stakeholders involved in facilitating the safe return to work of an injured worker and all have an important role.

## Role of the Employer

- Ensure employee receives medical treatment;
- Stay in touch with the absent worker so that s/he knows that they are valued members of staff, assure that their salary and benefits are being correctly handled, and stay up to date on recovery and expected return-to-work date.;
- Help the employee to make a successful return to work through accommodation as needed and re-orientation into the workplace;
- Review the employee's job description and commission a detailed description of the physical and mental demands of the job;
- Refer the employee to the Department of Social and Family Affairs (or insurance company if relevant) to apply for income support payments if the employee's absence is extended beyond the agreed sick and holiday leave.

## Role of the Injured Worker

One of the most important individuals involved in the return to work process is the employee who is recovering from an injury or an illness. The responsibilities of the employee are to:

100 National Institute of Disability Management and Research (2004) **Challenges in Disability Management A Resource Manual for Return to Work Practitioners.**

- report the initial injury or illness as soon as possible;
- follow the advice of the treating doctor;
- collaborate on the development of the return-to-work plan;
- being open to changes in work duties that may be required in order to accommodate any limitations;
- apply safe work practices;
- keep the supervisor informed of any concerns and/or change in circumstances during the implementation of the return-to-work plan.[101]

## Role of the Supervisor

The supervisor's responsibility is to:

- promote a safe work environment;
- ensure that the proper procedure is followed when employees are injured;
- provide support to the injured worker;
- communicate a positive message of concern and support;
- consult with the employer and co-workers to determine what reasonable accommodations can be made to facilitate the worker's return to work;
- communicate with other staff so that they are aware of how they may be affected by the returning worker's job accommodations and why it is important that they help and co-operate;[102]
- monitor the employee's progress in the return-to-work plan.

## Role of the Treating Doctor

The doctor will:

- treat the employee's medical condition;
- assess functional capacity of the employee to identify what s/he can do and cannot do;
- review the job description and job tasks to determine employee's capacity to do the work;
- suggest ways in which job tasks could be modified to place less strain on existing injuries;

101 National Institute of Disability Management and Research (2005) **Introduction to Return to Work Co-ordination.**

102 National Institute of Disability Management and Research (2005) **Introduction to Return to Work Co-ordination.**

- provide referrals to other treatment providers such as physiotherapists and occupational therapists;[103]
- collaborate on the development of the return to work plan;
- monitor medical condition on employee's return to work.

## Role of the Co-workers

Co-workers should support the returning worker by:

- co-operating with the return to work plan;
- suggesting potential accommodations;
- treating the returning worker as a valued part of their team.

There are also various other people who may have a role in injury management and developing/implementing return to work plans.

These include:

- other medical experts, for example, an occupational health specialist, a physiotherapist or occupational therapist; *(contact details in Useful Contacts section)*
- rehabilitation specialist; *(definition in glossary)*
- an advocate for the injured worker, for example a family member, friend, fellow worker or trade union representative.

## Role of the Rehabilitation Specialist

The rehabilitation process involves a combination of:

- a phased return to work;
- modified duties; and
- regular reviews involving the employee, their line manager, personnel (in larger organisations), and occupational health/rehabilitation specialist (usually externally provided).

The term 'rehabilitation' indicates restoration to a previous ability status. It is a multi-disciplinary medical, psychological, social and occupational activity.[104] The official aim of vocational rehabilitation is the clients' return to work.

103 Ibid.
104 Höok O. (ed.) (2001) **Rehabilitation Medicine.**

The rehabilitation specialist will want to find out which aspects of the job are proving problematic and why - for example, equipment, environment, working hours, travel to work, contact with colleagues and supervisor. Where a difficulty is identified, it should then become the focus of detailed analysis, so that it is clear what all of the components or stages of the problem are. S/he can then advise the employer of any adaptations that could enable the worker to continue with the same job. If this does not seem possible, the specialist will need to carry out a further analysis of what the worker can continue to do and any new skills that could be developed. Putting this together with an analysis of the tasks carried out within the organisation as a whole, it will then be possible to identify ways of modifying the job, or a possible new job in the same workplace. If this does not present a way forward, the specialist can also work with the employee to agree a course of action s/he could take to secure employment elsewhere, or finally, review the option of early retirement on medical grounds.[105]

The rehabilitation specialist facilitates communication between all of the stakeholders.

In a systematic review of the scientific literature on modified work from 1975 to 1997 Krauss and colleagues identified 13 high-quality studies, which indicated that injured employees who are offered modified work are twice as likely to return to work than those who are offered no such arrangement.[106] Research also indicates that, modified work reduces by half the number of lost days. Satisfactory work accommodations have been shown to significantly reduce injured employee's anxiety about returning to work.[107]

## Assessing Need for Rehabilitation

Sustaining an injury may affect the way in which an employee works and his performance on the job. Adjustments may be required to the workplace and also perhaps to the duties of the job.

If the injury has no impact on the worker's ability to do the job or to move freely in the workplace, **no** rehabilitative action needs to be taken.

Should the injury have impact on the worker's ability to do the job or to access the work environment, there are three options, which can be used separately or in combination:

- Change the work environment, e.g. changes to the work station, to equipment or in employment conditions;
- Change the job, e.g. modify duties of present job, move worker to alternative position in the business, or to a new employer;
- Assist the worker to change, through rehabilitation and training.

105 Paaschkes-Bell G, Da Cunha S, and Hurry J. (1996) **Adapting to change when an employee becomes disabled.**

106 Krauss et al (1998a) **Modified work and Return to Work, a review of the literature.**

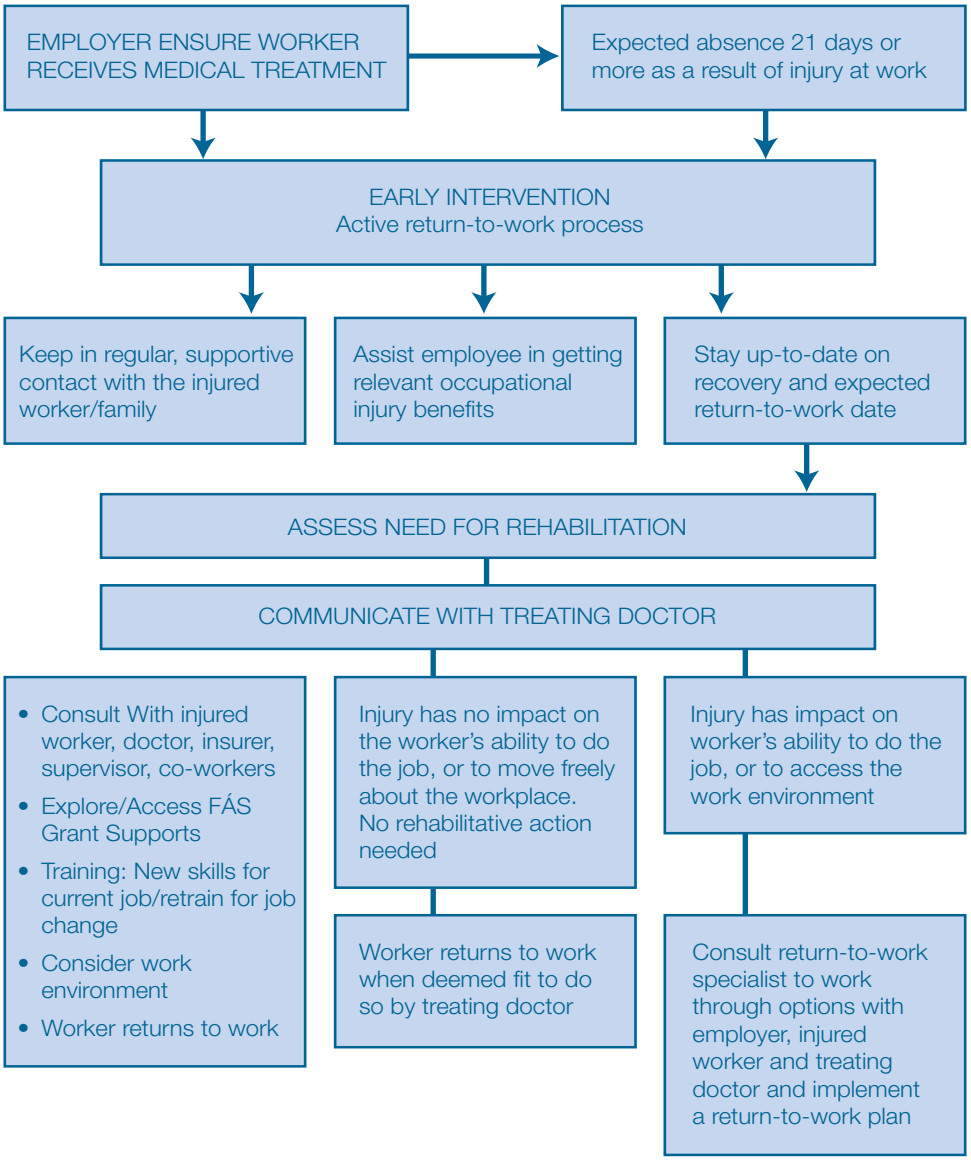
107 Pransky et al (2000) **Outcomes in work-related upper extremity and low back injuries – Results of a retrospective study.**

All of these options can be considered when implementing a return to work plan for the injured worker.

Severance options should **not** be considered, until all of the above options have been explored.

The chart overleaf summarises the basic options.

## RETENTION[108]




108 Workplace Safety Code Brochure 2006.

## Examples of Adjustments to the Job

A return to work plan should consider a range of options (e.g. adapted work, adapted workplace, part-time work, redeployment, retraining) for the injured worker. The following examples are of adjustments that employers could introduce temporarily while the worker regains strength, mobility or capacity to work, or more permanently as reasonable adjustments to allow workers who have a disability as a result of work injury to continue working.

## Adjustments to Working Arrangements

- Phased return to work to build up strength, for example building up from part-time to full-time hours over an agreed and appropriate period of time;
- Changes to individuals' working hours to allow travel at quieter times, or flexible working to ease work/life balance;
- Help with transport to and from work, for example organising lifts to work;
- Home working (providing a safe working environment can be maintained);
- Time off during working hours for rehabilitation assessment or treatment.

## Adjustments to Premises

- Moving tasks to more accessible areas and closer to washing and toilet facilities;
- Adapting premises, for example providing a ramp for people who find steps difficult, improving lighting where sight-impaired people work, providing clear visual signs and alerts for deaf workers.

## Adjustments to the Job

- New or modified equipment and tools, including I.T., modified keyboards etc.;
- Modified workstations, furniture and movement patterns;
- Additional training for workers to do their job, for example refresher courses;
- Modified instructions or reference manuals;
- Altering the worker's working hours;
- Telephone conferences to reduce travel;
- Buddies, mentors or supervision for workers while they regain confidence back at work;
- Re-allocation of work within the person's team;
- Transferring the injured worker to an existing vacancy.

It is important that the worker understands the effect that adjustments in the form of reduced hours or alternative work could have on their pay before decisions are made.[109]

The "Return to Work" plan should set out:

- the goal of the plan, (for example return to a modified job or building up to full-time working over a period of time);
- any adjustments to working arrangements;
- roles and responsibilities;
- any impact on the worker's terms and conditions;
- the arrangements for checking how the plan is working.

Employers must also consider that if the worker has acquired a disability as a result of the work injury that they are bound by the employment equality legislation. If there is an insurance claim involved, the insurer should be kept informed.

## Costs of Providing Adjustments/Reasonable Accommodations

There is financial support available from FÁS to private sector (excludes public bodies) employers to offset those costs that may be incurred in retaining the injured worker.

The main costs are likely to be:

Cost of assessment of worker's capabilities on the job

- met by FÁS if they are approached, otherwise by the employer.

Cost of adaptations

- met in part through the Workplace Equipment Adaptation Grant funded by FÁS.

Cost of vocational rehabilitation and re-training

- met by FÁS if recommended by them.

Cost of temporary staff if the employee needs a break from work after injury

- met by the employer (if not covered by insurance).

109 Health and Safety Executive UK (2005) **Working Together to prevent sickness absence becoming job loss. Practical advice for safety and other trade union representatives.**

Cost of salary during a break from work

- met by the employer (or insurer), or the employee may draw social welfare benefits).

It should be noted that implementing a policy supporting injured workers return to work also saves on the cost of recruitment and training new staff.

## Checklist on Supporting an Injured Worker Return to Work

- Ensure employee receives medical treatment;
- Facilitate the payment of benefits and salary;
- **Keep in touch**. When the employee is off work, keep in regular contact. This will let him/her know that they are a valued member of staff, and will help you to stay up to date with their recovery and expected return-to-work date;
- Give the treating doctor the employee's job description and a breakdown of the physical and mental demands of the job so that s/he understands the employee's regular job. You can also provide information about alternate work assignments;
- Identify advice and supports available;
- Meet with the injured worker to discuss accommodation options and ideas;
- Seek expert advice and support re possible accommodations/adaptations that may be needed;
- Facilitate reasonable accommodations in consultation with supervisor, safety representative, and trade union/employee representative;
- Consider re-deployment if the employee is unable to perform his/her previous job duties, but could carry out other work within the organisation. Re-training is an option here and further information and support for employers and employees is available from FÁS;
- Liaise with medical and vocational rehabilitation experts;
- Provide appropriate awareness training for co-workers;
- Monitor progress following the injured worker's return;
- Record actions taken.

# 8 Legislation

## Employment Equality Legislation

There is no law, which guarantees job security for an injured worker. However, the employment equality legislation will be of relevance if as a result of a work related injury, the worker now has a disability which meets the definition of disability as laid out in the Employment Equality Acts 1998 & 2004. The legislation prohibits unequal treatment in recruitment, promotion and retention[110] and the employer has a responsibility to provide appropriate measures to enable employees with disabilities to perform their duties competently.[111]

Studies have also shown that retaining people who have become disabled, may be more cost effective than recruiting and training a new employee to the position.[112]

## Example

As a result of a head injury, a telephone sales consultant had difficulties in hearing. Sound absorbing partitions were installed to reduce noise and distractions at her workstation and her telephone ring tone was reprogrammed so that she could hear when her phone was ringing. She was also supplied with a vibrating pager, which can be activated to alert her in the event of an emergency.

*Source: Balancing Disability Rights and Health and Safety Requirements – A Guide for Employers*

The employment equality legislation covers nine grounds of unlawful discrimination: one of which is disability.

## Definition of Disability

The Employment Equality Acts 1998 & 2004 define disability as:

a) the total or partial absence of a person's bodily or mental functions, including the absence of a part of a person's body,

110 Wynne & McAnaney (2004) **Employment and Disability: Back to Work Strategies.**
111 McCann Fitzgerald (2006) **Employing People with Disabilities – Legal Issues.**
112 Disability Action (2004) **Balancing Disability Rights and Health and Safety Requirements – A Guide For Employers.**

b) the presence in the body of organisms causing, or likely to cause, chronic disease or illness;

c) the malfunction, malformation or disfigurement of a part of a person's body;

d) a condition or malfunction which results in a person learning differently from a person without the condition or malfunction; or

e) a condition, illness or disease which affects a person's thought processes, perception of reality, emotions or judgement, or which results in disturbed behaviour, and shall be taken to include a disability which exists at present, or which previously existed but no longer exists, or which may exist in the future or which is imputed to a person.

Under these Acts, it is unlawful for an employer to discriminate against an employee who has a disability or a prospective employee who has a disability in relation to such measures as:

- recruitment to employment;
- conditions of employment (other than remuneration or pension benefits);
- training or work experience;
- promotion;
- any benefits (other than pension rights) that are provided for members.

## Savings and Exclusions (Exemptions)

- The Act provides that it is not unlawful for an employer to refuse to employ, retain or promote, a person who is unwilling to carry out or accept the conditions under which the duties attached to a post are to be performed or is not fully capable of carrying out all the duties concerned;
- People with disabilities would be considered fully competent and capable to undertake any duties if they could do the work with the aid of special services or facilities (referred to as appropriate measures) unless the measures would impose a disproportionate burden on the employer.

## Special Measures

The Act allows for special measures for persons with a disability to facilitate their integration into employment, by reducing or eliminating the effects of discrimination. The Act allows for the provision of special rates of remuneration, treatment or facilities for persons with a disability, if by reason of that disability the employee is restricted in his/her capacity to do the same amount of work (or to work the same hours) as a person who is employed to do the work.

The Act also provides that an employer is not obliged to provide special treatment or facilities if more than a disproportionate burden is likely to be incurred.[113]

In determining whether the measures would impose a disproportionate burden, account is taken of:

a) the financial and other costs entailed;

b) the scale and financial resources of the employer's business; and

c) the possibility of obtaining public funding or other assistance.[114]

The Act allows the employer to provide special treatment/facilities to enable the person with the disability to undertake vocational training, or to have a working environment suited to the disability.

An individual who feels they have been discriminated against may take a case to the Equality Tribunal or the Labour Relations Commission, as appropriate.

The Equality Tribunal is an independent quasi-judicial body that hears and decides complaints of unlawful discrimination under both the Employment Equality and Equal Status acts. Equality officers issue decisions that may be appealed. A mediation service is also available.

The Labour Relations Commission provides a range of industrial relations advisory and mediation services to meet the particular demands of employers, employees and their representatives. The principal services are:

- the Conciliation Service;
- the Advisory Service Division;
- the Rights Commissioner Service;
- the Workplace Mediation Service.

## The Safety, Health and Welfare at Work Act 2005

While the Safety, Health and Welfare at Work Act 2005 has been passed in the Oireachtas, some of its provisions will be enacted by Statutory Instrument or Regulation. The primary focus of the 2005 Act is on the prevention of workplace accidents, illnesses and dangerous occurrences and one of its aims is to encourage a responsible attitude on the part of both employers and employees.

113 IBEC/ICTU (2005) **Workway Disability and Employment Guidelines.**
114 http;//www.equality.ie/index.asp?;pcID-75&docID=48#q12.

Under the heading of duties of employees, in general employees must,

- comply with relevant safety and health laws;
- not engage in improper conduct or behaviour;
- wear personal protective clothing where necessary;
- cooperate with their employer and look out for one another; and
- not do anything which would place themselves or others at risk.

On the matter of Safety Statements, it is already a requirement on employers under the 1989 Safety, Health and Welfare at Work Act to have a written Safety Statement, which identifies the risks and hazards in the place of work. Under Section 20 (8) of the Safety, Health and Welfare at Work Act 2005, for employers with fewer than 3 employees, a Code of Practice is a possible alternative to a Safety Statement. This provision has not as of yet come into force. Safety Statements will be informed by risk assessments which will be based on identification and assessment of all hazards in a workplace. Both risk assessments and Safety Statements will have to be kept up to date.

Section 80 of the 2005 Safety, Health and Welfare at Work Act makes explicit the responsibilities of directors and managers. Primary responsibility for worker safety and health falls on employers, because it is they, in effect, who create the risks. Company directors and managers therefore carry a significant social responsibility to protect safety and health.

## General Duties of Employees

In general employees must comply with relevant safety and health laws, not be under the influence of an intoxicant at the place of work; and in that regard submit to an appropriate test, if reasonably required by their employer, not engage in improper conduct or behaviour, wear personal protective clothing where necessary, co-operate with their employer and look out for one another, and not do anything which would place themselves or others at risk.

Testing for intoxicants will be regulated by the Minister and must be carried out by a registered medical practitioner. There are two situations in which testing will apply under the Act –

Firstly, if an employee appears to be under the influence of an intoxicant and in such a state as to endanger his/her own safety or the safety of others, (this particular provision is one of the many which will be subject to regulations before it comes into operation)

Secondly, where an employee is working in a safety critical situation, he or she may be required to undergo a periodic medical assessment of fitness to work.

It will continue to be the duty of every employer to do everything he or she can, as far as reasonably practicable, to ensure the safety, health and welfare of his or her employees. The list of specific duties and responsibilities on employers will include responsibility for ensuring adequate instruction and training, without loss of earnings to employees.

Employers must also ensure, as far as reasonably practicable, that others at the place of work, not being employees, are not exposed to risks to their safety, health or welfare.[115]

## Safety Representatives

Section 25 of the 2005 Safety, Health and Welfare at Work act states that employees may, from time to time, select and appoint from amongst their number at their place of work a representative (in this Act referred to as a "safety representative") or, by agreement with their employer, more than one safety representative, to represent them at the place of work in consultation with their employer on matters related to safety, health and welfare at work.[116]

Safety representatives will have wide powers to,

- inspect;
- investigate accidents or dangerous occurrences;
- accompany a HSA inspector on an inspection;
- make oral and written submissions, etc.

An employer must consider representations from a safety representative.

## Applying the Law

Employers have a duty under the employment equality legislation to make "reasonable accommodation" to allow an employee with an injury/disability return to work. This means that as an employer reasonable efforts must be made to assist the worker to return to work and perform the essential functions of the job. This duty applies to the physical features of an employer's premises, the way the work is organised and carried out, the working conditions and work environment. Employers will have discriminated if they fail to provide reasonable accommodations and cannot justify that failure. The legislation places a duty on employers to make such accommodations whenever it is reasonable to do so.[117]

115 Health and Safety Authority. (2006) **Main Provisions of the Safety Health and Welfare at Work Act 2005.**

116 **Safety, Health and Welfare at Work Act 2005.**

117 IBEC/ICTU (2005) **Workway Disability and Employment Guidelines.**

It is important to note that this does not guarantee a worker "an open cheque book". Under the Acts, an employer does not have to provide any special assistance if this means that to do so would be too large a burden – the 'disproportionate burden' provision.

## Unfair Dismissals Legislation

Unfair dismissals legislation accepts inability of a worker to do a job as a result of illness as legitimate grounds for dismissal. An employer would be expected to investigate if there is support that could be given to the worker in order for him to remain at work, e.g. by re-deploying him/her to another job.

An employer will need to consider making reasonable accommodation, when an employee develops an injury of some kind, and when/if the effects of the injury change or increase. The principle applied in deciding whether or not an accommodation/adjustment is 'reasonable' is establishing that it is possible, effective and affordable. Financial help with the costs of accommodations may be available through FÁS.

In a European study conducted on return to work practices in 18 countries[118], the accommodations most often given are: -

- change in tasks and work content (70 percent);
- change in duration and distribution of working hours (48 percent);
- reducing tempo/speed of work (10 percent);
- purchase of special or new devices (10 percent);
- training (7 percent);
- adapting tools, equipment, workplace (4 percent);
- other types (14 percent).

Deciding whether or not a reasonable accommodation needs to be made to allow a worker perform the essential parts of the job is a straightforward process.

1. Analyse the job (as outlined earlier);
2. Check if the doctor has outlined any job-related restrictions due to the worker's medical condition;
3. Develop possible accommodations in discussion with the worker, and others;
4. Determine the **reasonableness** of the accommodations;

118 Thornton, P. and Lunt, N. (1997) **Employment policies for disabled people in 18 countries: A review.**

5. Choose the “best” accommodation – this doesn’t have to be the most expensive – it is the one that works best for the employer and the worker;
6. Apply for FÁS grant if adaptive equipment is required;
7. Follow-up a few weeks after the accommodation has been given to see if it is working;
8. Record details of the accommodation provided.

# 9 Recommendations

The purpose of this section is to identify the critical issues that need to be addressed, in order to ensure opportunities for injured workers to remain employed.

Issues that are evident from this report are:



## 9.1 Information Provision

Injured workers and employers face difficulties in accessing information on the most appropriate service to meet their needs in supporting the worker to return to work. Though there is a range of services available, obtaining information on these services is problematic as there is little co-ordination of services which makes it more difficult for individuals to assess their options and to explore their potential to return to work with support.

Clearer, more concise information should be made available to both employers and workers regarding individual's entitlements to benefits when off work due to work related injury or illness, the process of accessing these benefits, and the impact this has on income. Employers and workers also appear to lack awareness of the supports and incentives available to assist in a worker's successful and safe return to work. Responsibility for processing information on all of the supports available could be shared both at a national and a local level by FÁS through its Services to Business and Employment Services Offices, the Department of Social and Family Affairs through its Job Facilitators and by the Citizens Information Board through its network of Citizen Information Centres. Information Providers need to be cognisant of the fact that people with an acquired disability needing to access services are not familiar with support structures or terminology and are undergoing a major life-change. They may be making adjustments in all areas of their life and rely on service providers to make it relatively easy for them to cope and to navigate their way successfully through the system.

## 9.2 Early Intervention Measures

Early intervention consists of measures which are aimed at re-integrating people who sustain serious illnesses, injuries and disabilities back into the workforce before they become long-term dependant on social welfare payments. Early intervention is consistently cited in the research as being a key factor in the successful rehabilitation of an injured/disabled worker, the OECD asserting that 'the longer a disabled person stays out of work, the lower the chances of reintegration will be.' and citing early intervention as being the most effective measure against long-term benefit dependence. The possible benefits of early intervention measures for recipients of Illness Benefit should be explored through the establishment of a pilot project which would assess the potential of such measures in terms of re-integration back into the workforce. Parameters for this pilot, timeframe of interventions and the profile of potential participants should be informed by the findings of the UK Job Retention and Rehabilitation Pilot.

## 9.3 Data Collection

There is a need for improved ongoing data collection and analysis procedures in order to track those who are currently leaving employment due to work related injury and entering economic inactivity. The issue of how many people exit from the Irish workplace permanently as a result of occupational injury or illness is largely hidden and it is not known how many end up permanently on a disability payment or registering as employed. There seems to have been little attempt to analyse the employment potential and career interests of these individuals in order to identify the types of support needed to assist those who wish to return to employment. Research is required to trace changes in worker's income and employment status over the period stretching from before the onset of a disability to some time after onset. Such information would be invaluable in informing policy makers of what action to take to support successful and safe return to work of injured/ill workers. The results of the first National Disability Survey carried out in the autumn of 2006 by the Central Statistics Office may provide some of the baseline data required, when published.

## 9.4 Review of State Suite of Supports

It is recommended that the Department of Enterprise, Trade and Employment undertake an in-depth research study in collaboration with organisations such as FÁS, the Department of Social and Family Affairs, the Department of Health and Children, Enterprise Ireland, the IDA, the Citizens Information Board and the Health and Safety Authority. Consultation would also take place with trade unions and employer representatives. A working party could be established to steer the research, which would critically analyse the acceptability and effectiveness of the current suite of State supports, from the perspective of both those who supply the supports and those who make subsequent use of them. It would identify what interventions are needed and analyse the timing and effectiveness of such interventions. The research would include a SWOT analysis with the objective of making these supports more user-friendly and attractive to employers and workers.

## 9.5 Ensuring a More Effective Benefits System

An effective benefits system is needed to ensure that all people on benefit are encouraged to stay focused on their expectations and supported back to work where that is possible. There is much anecdotal evidence, for example, of the existence of a potential «benefits trap» It may be that the injured worker may have a greater reliance on medical intervention and/or prescription medicines than other workers. In the event that the insurance /compensation do not adequately or fully cover such costs, it is conceivable therefore that some situations may arise where the risk of losing secondary benefits such as the medical card on return to employment might well impact more severely on the injured worker. The risk of losing the medical card on return to employment could act as a disincentive and in turn could act as a major barrier to employment uptake.

One possible solution might be to introduce an enhanced income disregard for those in receipt of a disability payment. A disability income disregard could be introduced that would increase the income limit used when assessing whether a person is eligible for a Medical card. This would improve the incentive for some people to return to work.

## 9.6 Advice Line

Explore the feasibility of establishing a service similar to “Workplace Health Connect” – a pilot programme in England and Wales for small and medium size enterprises offering free and impartial advice on workplace health, safety and return to work issues. The service consists of an advice line and supporting website giving tailored practical advice to callers – both managers and workers. The service aims to transfer knowledge and skills to managers and workers, enabling them to tackle and solve any future workplace health issues themselves. This service is being delivered in partnership with the Health and Safety Executive and in co-ordination with NHS Plus, a network of occupational health services based in National Health Service hospitals across England. The network provides an occupational health service to NHS Staff, and also sells services to the private sector. The proposed research review of the State suite of support services could identify which State Agency in Ireland is best placed to establish and oversee such a service.

## 9.7 Develop Core Training Modules

The statistics indicate that the majority of the population in Ireland with a disability have an acquired disability as opposed to having been born with a disability. Ireland has an ageing workforce, although less so than many other countries, and the prevalence of disability increases with age. It can therefore be assumed that a certain number of people presently working will acquire a disability whilst in work. In order to circumvent difficulties arising in the future and to ensure that workers and employers receive timely and adequate support when striving to ensure a worker’s return to work after illness/injury, Human Resources professionals,

Health and Safety personnel, medical professionals and union representatives should be encouraged to become familiar with areas of employment practice with which they may not be familiar from their own training. Training modules could be made available on such topics as job analyses, job rehabilitation and return to work. These training modules could comprise part of an individual's continuous professional development.

## 9.8 Establish a Working Group

As this report has demonstrated that job rehabilitation and job retention is a cross-cutting issue, with numerous stakeholders, any actions taken to address the issue needs cross-Departmental and multi-organisational involvement. It would be beneficial to establish a Working Group/ Advisory Committee comprised, for example, of senior representatives of the Departments of Social and Family Affairs, Health and Children, Enterprise, Trade and Employment, rehabilitation agencies, employer organisations, trade union organisations, insurance companies, the Health and Safety Authority and the Personal Injuries Assessment Board to consider these recommendations and any other issues which may arise. The Working Group could address the issue of barriers to the return to the work of injured workers and identify solutions to these barriers. It would be imperative that people with acquired disabilities are represented on the group. All of these representatives have an important role to play in supporting injured workers return to work, wherever possible.

A possible source of funding for the Working Group's activities would be the Multi-Annual Investment Programme as mentioned in Section 33 of Towards 2016, the Ten Year Framework Social Partnership Agreement. In the framework agreement, the social partners have given a commitment to *"develop a strategically integrated approach to rehabilitation services within the context of the Multi-Annual Investment Programme with a view to supporting people back into employment, as appropriate, through early intervention and enhanced service provision……and promoting employment retention."*[119]

119 Department of the Taoiseach (2006) **Toward 2016 Ten-Year Framework Social Partnership Agreement 2006 – 2015.**

# Glossary

**"Alternative duties":** a different range of duties, which may be temporary in nature and takes into account physical constraints.

**"Appropriate duties":** Duties that take into account an employee's skills, experience, physical constraints, ability to adapt, pre-injury position and job availability, usually established through a process of consultation.

**"Appropriate measures":** Effective and practical measures to adapt the employer's place of business including the adaptation of premises and equipment, patterns of working time, distribution of tasks or the provision of training or integration resources. The employer is not obliged to provide any treatment, facility or thing that the person might reasonably provide for himself or herself.

**"Citizens Information Board (formerly known as "Comhairle"):** is the national support agency responsible for supporting the provision of information, advice and advocacy to the public on the broad range of social and civil services. The Board is the support agency for the Citizens Information Service (CIS) and provides the Citizens Information website. It supports people in accessing their rights to social services including services targeted at people with disabilities.

**"Functional Capacity":** Ability to perform specific activities for work or other activities of daily living. It is not how well a worker is doing medically – but what the worker is actually able to do e.g. Recovering back injury – how much can the worker lift.

**"Gainful employment":** Paid, meaningful, productive work.

**"Injury Management process":** A process implemented in the workplace to assist injured worker's return to work safely and efficiently.

**"Injury Management procedure":** A comprehensive work based system to manage work-related injuries and assist injured workers return to gainful employment.

**"Job Adaptation":** The adaptation or redesign of tools, machines, workstations and the work environment to the individual's needs. It may also include adjustments in work organisation, work schedules, sequences of work and in breaking down work tasks to their basic elements.

**"Job Facilitators":** The role of the job facilitator is primarily to inform and encourage people in receipt of a social welfare payment of the wide range of incentives and options available from the Department of Social and Family Affairs. This includes promoting the Back to Work Allowance Scheme in their local area.

**"Job Analysis":** Details the physical and mental requirements of the job tasks as well as the working conditions, (e.g. how much bending, standing, lifting, concentrating, analysing the job requires). Making a detailed list of the duties that a particular job involves.

**"Job retention":** Remaining with the same employer, with the same or different duties or conditions of employment, including return after a period of paid or unpaid absence due to injury/illness.

**"Modified Duties":** A worker's usual duties modified to eliminate those tasks, which may aggravate the injury.

**"Occupational Injuries Benefit Scheme":** A scheme of benefits operated by the Department of Social and Family Affairs for people injured or incapacitated by an accident at work or while travelling directly to or from work. The scheme also covers those who have contracted a disease as a result of the type of work they do.

**"Physical Constraints":** a description of those tasks an employee can do, as outlined by a medical practitioner.

**"Quarterly National Household Survey":** The Quarterly National Household Survey (QNHS) is a large-scale, nationwide survey of households in Ireland. It conducted a disability module in 2002 which was repeated in limited form in 2004.

**"Rehabilitation":** Any method by which people with a condition resulting from sickness or injury which interferes with their ability to work can be returned to work.

**"Rehabilitation Specialist":** A person who has gained a qualification in rehabilitation or a related field and can demonstrate appropriate background experience to provide and/or co-ordinate vocational rehabilitation services.

**"The RETURN project":** The **RETURN** project took place in six countries Ireland, Finland, Italy, Austria, Germany and the Netherlands and was led by a team from Ireland. The project team conducted a review of policy and practice relating to return to work strategies for people who have become long-term absent (LTA) from work for health reasons. They carried out a thorough mapping of the existing systemic structures responsible for **return** to **work** in the six countries and an analysis of the workplace based policies and practices affecting the re-integration process using company based case studies in each jurisdiction.

**"Return to work":** the process by which a worker is supported in resuming work after an absence due to injury or illness.

**"Return to Work programme":** a documented programme developed in consultation with the injured worker, which outlines hours, and duties and work modifications to support a return to work. Must be approved by the treating medical practitioner.

**"Vocational Rehabilitation":** a planned series of activities with the goal of getting an individual back to work.

**"Working conditions":** The factors, determining the circumstances in which the worker works. These include hours of work, work organisation, job content, welfare services and the measures taken to protect the occupational health and safety of the worker.

**"Working environment":** The facilities and circumstances in which work takes place and the environmental factors which may affect workers' health.

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# Appendices

# Appendix A

## Case Studies

### Case Study 1

"K", a factory operative, had fractured his leg and injured his knee in an accident at work. Although he had returned to work one year after the accident he was referred to the occupational therapist three years later. K was experiencing pain and had difficulty standing all day at work. The occupational therapist liaised with the employer who did not want to become involved, fearing that it might affect K's claim. She also made contact with K's solicitor who also did not want her to intervene as the compensation claim was on-going and the case was proceeding to trial. After further liaison with the employer, the OT identified that K could manage to do his job if he could use a perching stool. The perching stool was purchased, but then could not be used on the grounds of health and safety on the shop floor. The employer then agreed to support and fund K's retraining to do another job in the firm.[120]

### Case Study 2

"O", a Care Assistant sustained an injury to her knee and was told at A&E that she had torn a tendon. Following surgery, O was able to return to work some three months after the injury. Four months later, while performing her duties, she sustained a soft tissue injury to her right thigh muscle. Although O returned to work, this injury was exacerbated by a further accident a few weeks later. After this incident, O met with her manager and it was agreed that she would remain off work until her injuries were resolved. O has since undergone further surgery and more surgery is currently being considered. O has been advised by her Consultant Orthopaedic Surgeon to avoid work as a care assistant. The case was referred for rehabilitation management. Following an initial rehabilitation assessment, the case manager established that O's employers were willing to retrain O into a clerical position. O was referred to a vocational consultant to confirm she had the aptitude to perform clerical work within the same organisation. It was agreed with O's employers that basic computer training was required and a training programme was sourced. A graduated return to work programme was also developed to introduce O to her new position. O has continued on the return to work programme and is continuing on the computer course. She has returned to her pre-accident working hours.[121]

120 Department of Work and Pensions (2004) **Building a capacity for work. A UK Framework for Vocational Rehabilitation.**

121 Department of Work and Pensions. (2004) **Building a capacity for work. A UK Framework for Vocational Rehabilitation.**

## Case Study 3

### Background

On December 14, 2004 an employee of a package tank company was struck in the back by a metal gas tank. A referral to a neurologist confirmed disk herniation in his lower back, combined with sciatic irritation. He was not considered an immediate surgical candidate, nor did he want surgery, so he was referred to a physician for pain management. After receiving modality type therapy and two epidural steroid injections without results, an occupational health specialist was called in to provide medical case management.

### Solution

Because it was difficult to distinguish the root cause of his pain, the case manager and treating doctor agreed that increased therapy progressing to work hardening would be appropriate. Problems continued however, and he was referred to a neurosurgeon. The neurosurgeon noted that the pain described was not congruent with herniation type symptoms. A bone scan ruled out the possibility of a fracture, leaving the neurosurgeon to believe he suffered a soft tissue injury.

With this information, the case manager recommended a work hardening program that included on-site intervention. On May 1, the case manager performed an on-site analysis in order to educate the treating medical provider regarding the required physical demands of the job. The case manager also coordinated with the employer to provide specific work materials for the therapist to use in the work hardening program. The patient began the programme on May 9, and by June 5 was back to full duty—just three and a half months after IMO took on the case.[122]

## Case Study 4

### Falling from a height

Steve, a 35-year-old mail courier, sustained a job-related, low back injury and had been out of work for ten months. He was in constant pain that kept him from sleeping. Steve was out of shape, depressed, and overweight due to being unable to exercise.

In that time, he had significant medical attention and multiple tests, and a brief course of physical therapy that included hot packs and therapeutic massage and over-the-counter pain medication. Despite this, Steve's condition showed little improvement, and he was referred onto an occupational health specialist.

122 IMO Injury Management Organisation, Inc [Internet] Available from: https://www.injurymanagement.com/t_case.html. [Accessed 21 February 2006].

The Occupational Health Specialist conducted a comprehensive clinical exam and complete medical history. The examination included an assessment of Steve's lifestyle and occupational risks, as well as an evaluation of the potential for him to have future complications from his current condition. The specialist discussed the findings of the exam in detail with Steve, explaining the musculoskeletal nature of his pain and describing correct low back dynamics. They then set a goal of restoring pain-free function to the level performed prior to his injury, so Steve could return to work as a mail carrier.

## Treatment Plan for Steve

- Pain and sleep medication;
- Physical therapy programme;
- Patient counselling and education;
- Measure progress.

The specialist prescribed a medication to improve Steve's sleeping and to help decrease his pain. The treatment plan also included a physical therapy programme emphasizing flexibility, strengthening his trunk muscles, and increasing his endurance. Throughout his treatment course, Steve saw the Occupational Health Specialist regularly so she could measure his progress, adjust medication doses, and provide emotional and psychological support to keep him motivated.

## Results

- Pain relief;
- Returned to work in thirty-three days;
- Patient practicing self-management, prevention techniques.

The sleep and pain medication enabled Steve to follow through with his physical therapy programme, and he progressed to a general conditioning program with emphasis on proper lifting and carrying, a frequent activity in his work environment.

Thirty-three days later he was able to return to work on light duty while continuing an exercise and conditioning program with physical therapy. In another thirty days, he was able to stop physical therapy and return to regular work duties.

In addition, the specialist taught Steve how to care for his back, which enabled him to actively participate in the ongoing management of his condition and to prevent future work injuries. He continues a daily home exercise programme and is more fit than before he was injured.

## Case Study 5

"Mary" already had arthritis in one knee. Walking from the workplace car park towards the main entrance, she tripped over uneven ground. The fall caused injury to her pelvis, rupturing ligaments in the ankle of the same leg as the arthritic knee. It was clear she couldn't return to the same job, it was now beyond her physical capabilities.

### Options

She needed a job with more sedentary duties and an adapted chair. She had no I.T. skills. Her employer paid for her re-training to do clerical work and re-deployed her to an administrative position in the business.[123]

## Case Study 6

John, a forklift driver, had a work accident that resulted in the amputation of his toes on one foot. John experienced pain, had problems, standing and walking and was depressed. He was referred for treatment to an Occupational Health Specialist, who organised physiotherapy and pain management sessions. The specialist liaised with John's GP and employer and did a workplace assessment. In consultation with John, the treating doctor and the employer a co-ordinated return to work plan was agreed. John returned to work fifteen months after the work accident, initially working four hours a day and gradually returned to work full-time. The specialist also organised that he join Weightwatchers and purchased orthopaedic shoes.[124]

## Case Study 7 (Promoting a healthy working environment)

A field study conducted in 1997 compared the muscular load required to operate a traditional computer mouse with a newly developed design.[125] A reduction in the muscular load was observed in the forearms and also in the neck. Aarås et al. (1999) then introduced the new mouse design to a group of office workers. The subjects were randomly assigned to a control group. Six months after the intervention a significant reduction in the intensity and frequency of wrist/hand, forearm, shoulder and neck pain was observed in the group with the new design compared to the control group that used a traditional mouse design.[126]

The odds of a work related musculoskeletal disorder resulting in lost time without an ergonomics intervention was three times greater than with an intervention (Schneider, 1998). This study also found that the return on investment i.e. the benefit/cost of intervention in an office environment was 17.8 ($1693/$95).

123 Health and Safety Executive UK. (2005) **Working Together to prevent sickness absence becoming job loss – Practical advice for safety and other trade union representatives.**
124 Health and Safety Executive UK. (2005) **Working Together to prevent sickness absence becoming job loss – Practical advice for safety and other trade union representatives.**
125 Aaras A, Or O (1997) **Workload when using a mouse as an input device.**
126 Buckle P. and Devereux J. (1999) **Work-related Neck and Upper Limb Musculoskeletal Disorders.**

Ergonomics intervention to redesign an assembly line process was shown to reduce workers compensation costs for work-related musculoskeletal disorders from $94000 to $12000 in a telecommunications organisation (Hendrick, 1996). Between 1990 and 1994, ergonomics intervention saved $1.48 million in worker compensation costs for the same organization.[127]

127 Buckle P. and Devereux J. (1999) **Work-related Neck and Upper Limb Musculoskeletal Disorders.**

# Appendix B

## Useful contacts

### FÁS Employment Services

#### Dublin region

**Baldoyle**
Baldoyle Industrial Estate,
Baldoyle,
Dublin 13
**Tel:** 01 816 7400
**Fax:** 01 816 7401

**Ballyfermot**
Ballyfermot Hill,
Dublin 10
**Tel:** 01 605 5900
**Fax:** 01 605 5960

**Balbriggan**
Lincomm House,
Stephenstown Industrial Estate,
Balbriggan,
Co. Dublin
**Tel:** 01 883 4870
**Fax:** 01 841 5624

**Blandchardstown**
West End House,
Snugboro Rd. Extension,
West End Retail Park,
Blanchardstown,
Dublin 15
**Tel:** 01 826 2629
**Fax:** 01 824 9145

**Clondalkin**
Main Street,
Clondalkin,
Dublin 22
**Tel:** 01 459 1766 / 459 1612
**Fax:** 01 457 2878

**Coolock**
Northside Civic Centre,
Bunratty Road,
Coolock,
Dublin 17
**Tel:** 01 847 1177
**Fax:** 01 847 1131

**Crumlin**
235 Crumlin Road,
Crumlin,
Dublin 12
**Tel:** 01 409 5062
**Fax:** 01 456 3018

**D'Olier House**
D'Olier House,
D'Olier Street,
Dublin 2
**Tel:** 01 612 4800
**Fax:** 01 679 9092

**Dublin 4**
27/33 Upper Baggot Street,
Dublin 4
**Tel:** 01 6070 500
**Fax:** 01 6070 611

**Dun Laoghaire**
18- 21 Cumberland Street,
Dun Laoghaire,
Co. Dublin
**Tel:** 01 280 8488
**Fax:** 01 280 8476

**Finglas**
Unit 14C,
Finglas Shopping Centre,
Main Street,
Finglas village,
Dublin 11
**Tel:** 01 834 6222
**Fax:** 01 834 6386

**Poppintree Industrial Estate,**
Jamestown Road,
Finglas,
Dublin 11
**Tel:** 01 814 0200
**Fax:** 01 834 6336

**Loughlinstown**
Wyattville Road,
Loughlinstown,
Dun Laoghaire,
Co, Dublin
**Tel:** 01 204 3600
**Fax:** 01 282 1168

**Rathfarnham**
Nutgrove Enterprise Centre,
Enterprise Pk.,
Nutgrove Way,
Rathfarnham,
Dublin 14
**Tel:** 01 495 1414
**Fax:** 01 495 1415

**Swords**
34 Main Street,
Swords,
Co Dublin
**Tel:** 01 840 5252
**Fax:** 01 840 3751

**Tallaght**
Social Services Centre,
Square Complex,
Tallaght,
Dublin 24
**Tel:** 01 452 5111
**Fax:** 01 452 5591

## Midlands region

**Athlone**
Unit 8,
Irish Carraig Business Centre,
Golden Island,
Athlone,
Co. Westmeath
**Tel:** 090 647 3499
**Fax:** 090 647 7051

**Longford**
7 Market Square,
Longford,
**Tel:** 043 46 820
**Fax:** 043 45 702

**Mullingar**
Church Avenue,
Mullingar,
Co. Westmeath
**Tel:** 044 48 805
**Fax:** 044 43 978

**Newbridge**
Main Street,
Newbridge,
Co. Kildare
**Tel:** 045 431 372
**Fax:** 045 434 446

**Portlaoise**
Unit 4,
Meehan House,
James Fintan Lawlor Avenue,
Portlaoise,
Co. Laois
**Tel:** 057 862 1462
**Fax:** 057 862 0945

**Tullamore**
Grand Canal House,
Columcille Street,
Tullamore,
Co. Offaly
Tel: 057 932 1921
Fax: 057 932 1964

## Mid- West region

**Ennis**
42 Parnell Street,
Ennis,
Co Clare
**Tel:** 065-682 9213,
**Fax:** 065-682 8502

**Limerick**
18 Davis Street,
Limerick,
Co. Limerick
**Tel:** 061 208 760,
**Fax:** 061 – 412 326

Perry Court,
Upper Mallow Street,
Limerick
**Tel:** 061 207 980
**Fax:** 061 316 961

**Nenagh**
79 Connolly Street,
Nenagh,
Co. Tipperary
**Tel:** 067 31 879,
**Fax:** 067 31 167

**Newcastlewest**
Government Buildings,
Gortboy,
Newcastlewest,
Co. Limerick
**Tel:** 069 624 11,
**Fax:** 069 615 61

**Shannon**
Shannon Industrial Estate,
Shannon,
Co. Clare
**Tel:** 061 471 133
**Fax:** 061 472 613

**Thurles**
Friar Street,
Thurles,
Co. Tipperary
**Tel:** 0504 22 188,
**Fax:** 0504 23 574

## North-East region

**Cavan**
49 Church Street,
Cavan,
Co. Cavan
**Tel:** 049 433 1767
**Fax:** 049 433 2527

**Drogheda**
14 North Quay,
Drogheda,
Co. Louth
**Tel:** 041 983 7646,
**Fax:** 041 983 8120

**Dundalk**
Adephi Court,
Long Walk,
Dundalk,
Co. Louth
**Tel:** 042 939 3400
**Fax:** 042 939 3401

**Monaghan**
Market Street,
Monaghan,
Co. Monaghan
**Tel:** 047 81 511
**Fax:** 047 83 441

**Navan**
Tara Mall,
Trimgate Street,
Navan,
Co. Meath
**Tel:** 046 902 3630
**Fax:** 046 902 1903

## North-West region

**Ballybofey**
Dunfril House,
Chestnut Road,
Ballybofey,
Co. Donegal
**Tel:** 074 913 0384
**Fax:** 074 913 1446

**Carrick-on-Shannon**
Government Buildings,
Shannon Lodge,
Carrick-on-Shannon,
Co. Leitrim
**Tel:** 071 962 0503
**Fax:** 078 962 0505

**Na Doire Beaga/Gweedore**
Na Doire Beaga,
Leitirceanainn,
Co. Dhun na nGall,
**Tel:** 074 956 0500
**Fax:** 074 953 1114

**Sligo**
Government Buildings,
Cranmore,
Sligo
**Tel:** 071 914 0303
**Fax:** 071 914 4120

**Letterkenny**
Ballyraine Industrial Estate,
Ramelton Rd.,
Letterkenny,
Co. Donegal
**Tel:** 074 9120 500,
**Fax:** 074 912 4840

## South- East region

**Arklow**
Government Buildings,
Castlepark,
Arklow,
Co Wicklow
**Tel:** 0402 39509
**Fax:** 0402 39413

**Bray**
The Boulevarde,
Quinnsborough Road,
Bray,
Co Wicklow
**Tel:** 01 286 7912
**Fax:** 01 286 4170

**Carlow**
Carlow Shopping Centre,
Kennedy Avenue,
Carlow
**Tel:** 059 913 2605
**Fax:** 059 914 1759

**Clonmel**
2/3 Emmet Street,
Clonmel,
Co. Tipperary
**Tel:** 052 82240
**Fax:** 052 822 56

**Enniscorthy**
Bridgepoint,
Enniscorthy,
Co. Wexford
**Tel:** 054 39 300
**Fax:** 054 822 56

**Kilkenny**
Irishtown,
Kilkenny
**Tel:** 056 776 5514
**Fax:** 056 776 4451

**Waterford**
56 Parnell Street,
Waterford
**Tel:** 051 862 900
**Fax:** 051 862 916

**Wexford**
Crescent Mall,
Henrietta Street,
Wexford
**Tel:** 053 912 3126
**Fax:** 053 912 2785

## South West region

**Cork**
Government Buildings,
Sullivan's Quay,
Cork
**Tel:** 021 485 6200,
**Fax:** 021 496 8389

Rossa Avenue,
Bishopstown,
Cork
**Tel:** 021 485 6200
**Fax:** 021 454 1789

30/31 Shandon Street,
Cork
**Tel:** 021 494 6162
**Fax:** 021 494 6169

**Bantry**
Warner Centre,
Barrack Street,
Bantry,
Co. Cork
**Tel:** 027 50 464
**Fax:** 027 50 203

**Killarney**
Unit 1,
Kenmare Place,
Killarney,
Co. Kerry
**Tel:** 064 32 466
**Fax:** 064 32 759

**Mallow**
103/104 Main Street,
Mallow,
Co. Cork
**Tel:** 022 21 900 / 219 45
**Fax:** 022 22 582

**Tralee**
17 Lower Castle Street,
Tralee,
Co. Kerry
**Tel:** 066 7122155
**Fax:** 066 7122954

Monavalley Industrial Estate,
Tralee,
Co. Kerry
**Tel:** 066 712 6444
**Fax:** 066 712 3065

## Western region

**Ballina**
"Riverside",
Church Road,
Ballina,
Co. Mayo
**Tel:** 096 240 01/212 11
**Fax:** 096 706 08

**Castlebar**
Unit 7 & 8,
Humbert Mall,
Main St.,
Castlebar,
Co. Mayo
**Tel:** 094 903 4300
**Fax:** 094 902 2832

**Galway**
Island House,
Cathedral Square,
Galway
**Tel:** 091 534 400,
**Fax:** 091 562 718

Industrial Estate,
Mervue,
Galway
**Tel:** 091 706 208/706 210
**Fax:** 091 757 590

**Roscommon**
Lanesboro Street,
Roscommon
**Tel:** 090 662 6802/662 6746
**Fax:** 090 662 5399

**Tuam**
High Street,
Tuam,
Co. Galway
**Tel:** 093 662 8066/662 8067
**Fax:** 093 662 8068

## Department of Social and Family Affairs - Jobs Facilitators

### Eastern region - Dublin North

Mellows Rd,
Finglas,
Dublin 11
**Tel:** 01 858 1120 / 864 0480

Greendale Centre,
Kilbarrack,
Dublin 13
**Tel:** 01 806 3830

North Cumberland St.,
Dublin 1
**Tel:** 01 889 9501

Jobs Facilitator,
Social Welfare Office,
Ballymun Shopping Centre,
Ballymun,
Dublin 9
**Tel:** 01 864 0480 / 842 7433

Social Welfare Offices,
Mellowes Rd.,
Finglas,
Dublin 11
**Tel:** 01 858 1121 / 864 0480

### Eastern region - Dublin South

Cumberland St,
Dun Laoghaire
**Tel:** 01 –214 5540 ext 7797

Werburgh St.,
Dublin 8
**Tel:** 01 407 0530 / 407 0530 ext 5900

Nutgrove Shopping Centre,
Dublin 14
Tel: 01 406 9010 ext 6629

### Eastern region - Dublin West

Thomas Street,
Dublin 8
**Tel:** 01 671 7577

Rossmore Avenue,
Ballyfermot,
Dublin 10
**Tel:** 01 623 1555

The Square,
Tallaght,
Dublin 24
**Tel:** 01 454 7019

Eyre Street,
Newbridge,
Co. Kildare
**Tel:** 045 432 443

### Midlands region

Clonminch Road,
Tullamore,
Co. Offaly
**Tel:** 0506 25146 / 25140

Government Buildings,
Pearse St,
Athlone
**Tel:** 0902 21640

### Mid-West region

Government Buildings,
Cabra Road,
Thurles,
Co. Tipperary
**Tel:** 0504 20153

Social Welfare Local Office,
Dominick Street,
Limerick
**Tel:** 061 -41799 ext 8230 / 061 419989

Social Welfare Local Office,
Kilrush Road,
Ennis,
Co. Clare
**Tel:** 065 –6867830

### North-East region

Wilton House,
Stapleton Place,
Dundalk,
Co. Louth
**Tel:** 042 9355535

Customs House Quay,
Drogheda,
Co. Louth
**Tel:** 041 9871132

Dublin Road,
Cavan
**Tel:** 049 436 8970

### North-West region

Government Buildings,
Cranmore Road,
Sligo
**Tel:** 071 914 4511 / 914 8219 ext 6279

Irwin Buildings,
Milltown,
Donegal
**Tel:** 074 974 0061 ext7531

High Road,
Letterkenny,
Co. Donegal
**Tel:** 074 916 0483

### Southern region

Social Welfare Services Office,
Hanover Street,
Cork
**Tel:** 021 480 6859

Godfrey Place,
Tralee,
Co Kerry
**Tel:** 066 714 9545

Beech Road,
Killarney,
Co. Kerry
**Tel:** 064 31658

### South- East region

Government Buildings,
Cork Road,
Waterford
**Tel:** 051 356 028 / 356 000 / 356 024 / 356 038

Government Buildings,
Hebron Road,
Kilkenny
**Tel:** 056 630 86

Ann Street,
Wexford
**Tel:** 053 654 00 ext 5852

### Western region

Hynes Buildings,
Augustine Street,
Galway
**Tel:** 091 564 893

Government Buildings,
Ballina,
Co. Mayo
**Tel:** 096 603 68 ext 7668

## Department of Social & Family Affairs Information Section

**Information Services**
Floor 1
Social Welfare Services Office
Department of Social & Family Affairs
College Road
Sligo

LoCall information leaflet request line at 1890 20 23 25 (24 hours a day, 7 days a wwk)

Information Services phone line at LoCall 1890 66 22 44
From 9.30am 0 5.00pm
Monday to Friday

## FÁS/Enterprise Ireland Approved Trainers in Disability Awareness

**Disability Consultancy Services**
42 Fielbrook, Dublin Road,
Portlaoise
**Tel:** 0502 61262

**Executive Coaching,**
Temple House, 16
Newtownsmith, Sandycove
**Tel:** 01 284 5360
**Fax:** 01 284 5360

**Frances Finucane Butler**
'Robin Crest', 3 Ballinsheen Bridge, Skehard Road, Blackrock, Cork
**Tel:** 087 2297923

**Galro**
Mill House, 4 Killashee St, Longford
**Tel:** 043 49991
**Fax:** 043 45597

**Gandon Enterprises, Access Ability**
Gandon Villa, Beech Road, Sandymount, Dublin 4
**Tel:** 01 205 7306,
**Fax:** 01 205 7219
www.accessability.ie

**Inclusion Training and Consultancy,**
5, Lower O' Connell St., Dublin 1
**Tel:** 087 967 8149

**Irish Wheelchair Association**
Blackheath Drive, Clontarf
**Tel:** 045 861 346
**Fax:** 045 861 114

**National Council for the Blind of Ireland,**
45 Whitworth Road, Drumcondra, Dublin 9
Tel: 01 833 7940
Fax: 01 830 7787
www.ncbi.ie

**Orbis** – Human Resources Development LTD, 14 Highfield Road, Rathgar, Dublin 6
**Tel:** 01 498 0004
**Fax:** 01 499 1031

**Quality Systems Training**
98 Broadford Hill, Ballinteer, Dublin 16
Tel: 01 494 2933
Fax: 01 494 2933

## General Contacts

**AIG Medical & Rehabilitation,**
AIG House,
Merrion Road,
Dublin 4,
Ireland
**Tel:** 01 208 1468/208 4944
**E-mail:** aigmr@aig.com
www.aig.ie

**Assist Ireland,**
A comprehensive database on assistive technology, which has a specific section on assistive technology for the workplace.
www.assistireland.ie

**Association of Occupational Therapists of Ireland**
29 Gardiner Place,
Dublin,
Ireland
**Tel/Fax:** 01 878 0247
**E-mail:** info@aoti.ie
www.aoti.ie

**Central Remedial Clinic**
Vernon Avenue, Clontarf, Dublin 3
**Tel:** 01 805 7400
**E-mail:** info@crc.ie
www.crc.ie

**Citizen Information Centres**
Confidential Free Information Service,
Check Golden Pages or Call Comhairle at:
**Tel:** 01 609 5000
**E-mail:** information@comhairle.ie
www.comhairle.ie

**National Citizens Information Call Centre**
**LoCall:** 1890 777 121
**E-mail:** information@comhairle.ie
www.citizensinfo.ie

**Citizens Information Board,**
7th Floor,
Hume House,
Ballsbridge,
Dublin 4
**Tel:** 01 605 9000
**E-mail:** comhairle@comhairle.ie
www.citizensinformationboard.ie

**Department of Social and Family Affairs**
www.welfare.ie

**Disabled Drivers Association of Ireland**
Ballandine,
Co. Mayo
**Tel:** 094 936 4054/4266
**E-mail:** ability@iol.ie
www.iol.ie/~ability

**Disabled Drivers Scheme**
Central Repayments Office,
Freepost,
Coolshanagh,
Co. Monaghan
**Tel:** 047 380 10
**LoCall:** 1890 22 3030
www.revenue.ie

**Disability Federation of Ireland**
2, Sandyford Office Park,
Blackthorn Avenue,
Dublin 18
**Tel:** 01 295 9344
**E-mail:** dfi@iol.ie

**EAPA Irish Chapter**
EAPA is the professional body for Employee Assistance Practitioners and Providers of Employee Assistance Programmes (EAPs).

**EAPA Ireland**
PO Box 9269
Dublin 2
Ireland
**Tel:** 01 837 6332
**E-mail:** info@eapaireland.ie
www.eapaireland.ie

**Enable Ireland** (Education Therapy, Employment and Support Services for people with physical disability and their families)
32F Rosemount Park Drive,
Rosemount Business Park,
Ballycoolin Road, Dublin 11
**Tel:** 01 872 7155
**Fax:** 01 866 5222
**E-mail:** info@enableireland.ie
www.enableireland.ie

**Equality Authority,**
Clonmel Street, Dublin 2
**Tel:** 01 417 3333
Freephone: 1890 24 55 45
**E-mail:** info@equality.ie
www.equality.ie

**Equality Tribunal**
www.equalitytribunal.ie

**Gandon Enterprises Access Ability,**
Gandon Villa,
Beech Road,
Sandymount,
Dublin 4
**Tel:** 01 205 7306
**Fax:** 01 205 7219
**E-mail:** info@accessability.ie
www.accessability.ie

**Health and Safety Authority,**
10 Hogan Place,
Dublin 2
**Tel:** 01 614 7000
**Fax:** 01 614 7020
**E-mail:** info@hsa.ie
www.hsa.ie

**Health Services Executive Local Health Offices**
www.hse.ie

The Local Health Office is the entry point to community health and personal social services.

**HSE Dublin North East Local Health Offices**

North West Dublin Local Health Office,
Rathdown Road, Dublin 7
**Tel:** 01 882 5000

North Central Dublin Local Health Office,
193 Richmond Road,
Dublin 3
**Tel:** 01 857 5400

North Dublin Local Health Office,
Cromcastle Road,
Coolock,
Dublin 5
**Tel:** 01 816 4200

**Cavan:**
Community Care Offices,
Lisdaran,
Cavan
**Tel:** 049 436 1822

**Monaghan:**
Community Care Offices,
Rooskey, Monaghan
**Tel:** 047 30 400

**Louth:**
Community Care Offices,
Dublin Road, Dundalk
**Tel:** 042 933 1194

**Meath:**
Community Care Offices,
Co. Clinic,
Navan
**Tel:** 046 902 1595

**Dublin Mid Leinster Local Health Offices**

Dun Laoghaire Local Health Office,
Tivoli Road, Dun Laoghaire,
Co. Dublin
**Tel:** 01 284 3570

Dublin South East Local Health Office,
Vergemount Hall,
Clonskeagh,
Dublin 6
**Tel:** 01 268 0300

Dublin South City Local Health Office,
Carnegie Centre,
21-25 Lord Edward Street,
Dublin 2
**Tel:** 01 648 6500

Dublin South West Local Health Office,
Old County Road,
Crumlin, Dublin 12
**Tel:** 01 415 4700

Dublin West Local Health Office,
Cherry Orchard Hospital,
Ballyfermot,
Dublin 10
**Tel:** 01 620 6400

Kildare/West Wicklow Local Health Office,
Poplar House,
Poplar Square,
Naas,
Co. Kildare
**Tel:** 045 876 001
Wicklow Local Health Office,
Glenside Road,
Co. Wicklow
**Tel:** 0404 68 400

Laois/Offaly Local Health Office,
**Laois:**
Health Centre,
Dublin Road,
Portlaoise,
**Tel:** 057 892 1135

**Offaly:**
Health Centre,
Arden Road,
Tullamore
**Tel:** 057 934 1301

Longford/Westmeath Local Health Office,
**Longford:**
Health Centre,
Dublin Road,
Longford
**Tel:** 042 50169

**Westmeath:**
Health Centre,
Longford Road,
Mullingar
Tel: 044 934 0221

**West Local Health Offices**

Donegal Local Health Office,
Ballybofey,
Co. Donegal
**Tel:** 074 913 1391

Sligo/Leitrim/West Cavan Local Health Office
Community Services,
Markievicz House,
Sligo
**Tel:** 071 9155 100

Roscommon Local Health Office,
Community Services,
Roscommon,
Co. Roscommon
**Tel:** 0903 375 00

Mayo Local Health Office,
County Clinic,
Castlebar,
Co. Mayo
**Tel:** 094 223 33

Galway Local Health Offices,
Community Services,
25 Newcastle Road,
Galway
**Tel:** 091 523 122

Clare Local Health Office,
16 Carmody Street Business Park,
Ennis,
Co. Clare
**Tel:** 065 686 3490

North Tipperary/East Limerick Local Health Office,
Holland Road,
Plassey,
Limerick
**Tel:** 061 464 063

Limerick Local Health Office,
31-33 Catherine Street,
Limerick
**Tel:** 061 483 291

**South Local Health Offices**

South Lee Local Health Office,
Abbeycourt House,
George's Quay,
Cork
**Tel:** 021 496 5511

North Lee Local Health Office,
Abbeycourt House,
George's Quay,
Cork
**Tel:** 021 496 5511

West Cork Local Health Office,
Coolnagarrane,
Skibbereen,
Co. Cork
**Tel:** 028 217 22

North Cork Local Health Office,
Gouldshill House,
Mallow,
Co. Cork
**Tel:** 028 222 20

**Carlow/Kilkenny Local Health Office**

Carlow Community Care,
Athy Road,
Carlow
**Tel:** 0503 300 53

Kilkenny Community Care Headquarters,
James's Green,
Kilkenny
**Tel:** 056 522 08

South Tipperary Local Health Office,
Western Road,
Clonmel,
Co. Tipperary
**Tel:** 052 220 11

Waterford Local Health Office,
Cork Road,
Waterford
**Tel:** 051 842 800

Wexford Local Health Office,
Grogan's Road,
Wexford
**Tel:** 053 235 22

Kerry Local Health Office,
18-20 Denny Street,
Tralee,
Co. Kerry
**Tel:** 066 712 566

**Inclusion Training and Consultancy,**
5, Lower O' Connell St.,
Dublin 1
**Tel:** 087 – 967 8149

**Irish Insurance Federation**
Insurance House
39 Molesworth Street
Dublin 2
**Tel:** 01 676 1914
**Fax:** 01 676 1943
**E-mail:** fed@iif.ie
www.iif.ie

**Irish Association of Rehabilitation Professionals (IARP)**
IARP,
77 Broomhill Rd,
Tallaght,
Dublin 12
**Tel:** 086 348 2022
www.iarp.ie

**Irish Association of Speech and Language Therapists**
IASLT
29 Gardiner Place
Dublin 1
**Tel/Fax:** 01 878 0215
**E-mail:** info@iaslt.com
www.extranet.hebe.ie

**Irish Business and Employers Confederation (IBEC),**
Confederation House, 84-86 Lower Baggot Street, Dublin 2
**Tel:** 01 605 1500
www.ibec.ie

**Irish Congress of Trade Unions (ICTU),**
31-32 Parnell Square, Dublin 1
**Tel:** 01 8897 777
www.ictu.ie

**Irish Deaf Society**
30 Blessington Street,
Dublin 7
**Tel:** 01 860 1878
**E-mail:** ids@indigo.ie
www.irishdeafsociety.ie

**Irish Medical Directory**
The Irish Medical Directory is a most comprehensive guide to Health Care and the Medical Profession in Ireland
www.imd.ie

**Irish Society of Chartered Physiotherapists**
Royal College of Surgeons St. Stephen's Green, Dublin 2, Ireland
**Tel:** 01 402 21 48
**Fax:** 01 402 21 60
**E-mail:** info@iscp.ie
www.iscp.ie/

**Irish Wheelchair Association (IWA)**
Áras Chúchulainn
Blackheath Drive
Clontarf
Dublin 3
**Tel:** 01 818 6400
**Fax:** 01 833 3873
**E-mail:** info@iwa.ie
www.iwa.ie

**Labour Relations Commission**
Tom Johnson House
Haddington Road
Dublin 4
**Tel:** (01) 613 6700
**Lo call:** 1890 220 227
(outside 01 area)
**Fax:** (01) 613 6701
**E-mail:**
**Conciliation Services**:
conciliation@lrc.ie
**Advisory Services**:
advisory@lrc.ie
**Rights Commissioners**:
rightscomm@lrc.ie
**Workplace Mediation Service**: mediation@lrc.ie
www.lrc.ie

**National Association for Deaf People**
Head Office: 35 North Frederick Street, Dublin 1
**Tel:** 01 872 3800
**E-mail:** nad@iol.ie
www.nadi.ie/

**National Council for the Blind of Ireland (NCBI)**
Whitworth Road
Drumcondra
Dublin 9
**Tel:** 01 830 7033
**LoCall:** 1850 334 353
**E-mail:** info@ncbi.ie
www.ncbi.ie

**National Disability Authority,**
24/25 Clyde Road,
Ballsbridge,
Dublin 4
**Tel:** 01 606 400
www.nda.ie

**National Irish Safety Organisation (NISO),**
A11 Calmount Park,
Calmount Avenue,
Ballymount,
Dublin 12
**Tel:** 01 465 9760
**Fax:** 01 465 9765
**E-mail:** info@niso.ie
www.niso.ie

**National Mobility Centre**
John Sullivan Resource Centre, Ballinagappa Road,
Clane, Co. Kildare
**Tel:** 045 893 094
www.iwa.ie

**Pearn Kandola**
(Occupational Psychologists)
18/19 Harcourt Street,
Dublin 2
**Tel:** 01 475 3931
**Fax:** 01 475 3215

**People with Disabilities Ireland (PwDI)**
Richmond Square,
Morning Star Avenue,
Dublin 7
**Tel:** 01 872 1744
**Fax:** 01 872 1771
**E-mail:** info@pwdi.ie
www.pwdi.ie

**Personal Injuries Assessment Board (PIAB)**
P.O. Box 8
Clonakilty
Co. Cork
**LoCall:** 1890 829 121
**E-mail:** enquiries@piab.ie
www.piab.ie

**Rehab**
Communications
Department,
Rehab Group,
Beach Road,
Sandymount,
Dublin 4.
**Tel:** 01 205 7200
**Fax:** 01 205 7202
**E-mail:** info@rehab.ie
www.rehab.ie/

**Social Welfare LoCall Numbers**
**Information Services: Leaflet and Claim Form Request Line** (24 hours, 7 days a week)
**LoCall** 1890 20 2325

**Tax Queries**
For Dublin: 1890 333 425
For Clare, Cork, Kerry, and Limerick: 1890 222 425
For Carlow, Kildare, Kilkenny, Laois, Meath, Tipperary, Waterford, Wexford and Wicklow: 1890 222 425
For all other areas: 1890 777 425

*The author does not approve, endorse or accept responsibility for the use of any services offered by the listed service providers. The guide is intended for information only.*

# Appendix C

## Job Analysis Form

| Company_____ Position_____ Salary_____ Ref_____ | | | | |
|---|---|---|---|---|
| **1. Job Description** (Attach additional sheets) | | | | |
| **2. Physical Requirements** | **Weight/Reach** | **% of Time** | **Adaptations** | **Remarks** |
| Carrying | . | . | . | . |
| Cleaning | . | . | . | . |
| Climbing | . | . | . | . |
| Collating | . | . | . | . |
| Dialing | . | . | . | . |
| Driving | . | . | . | . |
| Filing | . | . | . | . |
| Hearing | . | . | . | . |
| Holding | . | . | . | . |
| Indexing | . | . | . | . |
| Inserting | . | . | . | . |
| Lifting | . | . | . | . |
| Maintaining | . | . | . | . |
| Opening | . | . | . | . |
| Pulling | . | . | . | . |
| Pushing | . | . | . | . |
| Removing | . | . | . | . |
| Scheduling | . | . | . | . |
| Sitting | . | . | . | . |
| Sorting | . | . | . | . |
| Speaking | . | . | . | . |
| Stamping | . | . | . | . |
| Standing | . | . | . | . |
| Stapling | . | . | . | . |
| Threading | . | . | . | . |
| Turning Pages | . | . | . | . |
| Typing | . | . | . | . |
| Unfolding | . | . | . | . |
| Unlocking | . | . | . | . |
| Using Keyword | . | . | . | . |
| Walking | . | . | . | . |
| Weighing | . | . | . | . |
| Writing | . | . | . | . |
| **3. Cognitive** | **Requirements** | **Level/Type** | **Recommendations** | |

| | | | |
|---|---|---|---|
| Education | . | . | . |
| Math | . | . | . |
| Problem Solv'g | . | . | . |
| Reading | . | . | . |
| Reasoning | . | . | . |
| Training | . | . | . |
| **4. Site Evaluation** | **Dimensions** | **Adaptations** | |
| **Job Site** | | | |
| Desk | . | . | |
| Door | . | . | |
| Door Mechanism | . | . | |
| Elevators | . | . | |
| Entrance | . | . | |
| File Cabinets | . | . | |
| Floor Covering | . | . | |
| Obstacles | . | . | |
| Steps | . | . | |
| Threshold | . | . | |
| **Bathroom** | | | |
| Door | . | . | |
| Grab Bars | . | . | |
| Sink | . | . | |
| Toilet | . | . | |
| **Cafeteria** | | | |
| Accessibility | . | . | |
| **Parking** | . | . | |
| **5. Comments:**<br>Operation of Equipment | | | |

_____ _____

Job Analyst Date

*Source: Job Development Bank and Enhanced Productivity for Severely Disabled Persons, K. Mallik and S. Yuspeh, 1979, G. Washington University Rehabilitation Research and Training Center, Washington, D.C., Grant #G008300123, NIDRR, Department of Education.*

# Appendix D

## List of Prescribed Occupational Diseases

| A. Conditions due to physical agents | |
|---|---|
| **Conditions** | **Occupation Type** |
| 1. (a) **Bursitis** or **subcutaneous cellulitis** arising at or about the elbow or the knee due to severe or prolonged external friction or pressure at or about the elbow or the knee respectively (Beat elbow or Beat knee) | Manual labour causing severe or prolonged external friction or pressure at or about the elbow or the knee respectively. |
| 1. (b) **Subcutaneous cellulitis** of the hand *(Beat hand)* | Manual labour causing severe or prolonged friction or pressure on the hand. |
| 2. **Byssinosis** | Work in any room where any process up to and including the weaving process is performed in a factory in which the spinning or manipulation of raw or waste cotton or flax or the weaving of cotton or flax takes place |
| 3. **Carcinoma** of the **nasal cavity** or associated **air sinuses** *(nasal carcinoma)* | Attendance for work:<br>**(a)** in or about a building where wooden goods are manufactured or repaired, or<br>**(b)** in a building used for manufacturing footwear or components of footwear made wholly or partly of leather or fibre board<br>**(c)** at a place used wholly or mainly for repairing footwear made wholly or partly of leather or fibre board |
| 4. **Cramp** of the **hand** or **forearm** due to repetitive movements | Work involving prolonged periods of handwriting, typing or other repetitive movements of the fingers, hand or arm |
| 5. Disease or injury caused by **electromagnetic** or **ionising radiations** | Work involving exposure to electro-magnetic or ionising radiations |
| | Work involving subjection to compressed or rarefied air or other respirable gases or gaseous mixtures |
| 7. **Pneumoconiosis** | See below. |
| 8. **Heat Cataract** | Work involving frequent or prolonged exposure to rays from molten or redhot material |
| 9. **Miner's nystagmus** | Work in or about a mine. |

| | |
|---|---|
| 10. **Diffuse mesothelioma** (primary neoplasm of the mesothelium of the pleura or of the pericardium or of the peritoneum) | Work that involves:<br>**(a)** working or handling asbestos or any admixture of asbestos, or<br>**(b)** manufacturing or repairing asbestos textiles or other articles containing or composed of asbestos, or<br>**(c)** cleaning of any machinery or plant used in any of the above operations and of any chambers, fixtures or appliances for the collection of asbestos dust, or<br>**(d)** substantial exposure to the dust arising from any of the above operations |
| 11. Substantial **sensorineural hearing loss** amounting to at least **50 decibels** in each ear, being due in the case of at least one ear to occupational noise, and being the average of pure tone losses measured by audiometry over the 1, 2 and 3 **kilohertz** frequencies (occupational deafness)<br>**Conditions for Occupational Deafness**<br>• You must have been employed in a prescribed occupation for at least 10 years. If you have left that employment, you must claim within 5 years of leaving | Work that involves:<br>**(a)** using or working wholly or mainly right beside the vicinity of pneumatic percussive tools or high-speed grinding tools, in the cleaning, dressing or finishing of cast metal or of ingots, billets or blooms, or<br>**(b)** using or working wholly or mainly right beside pneumatic percussive tools on metal in the shipbuilding or ship repairing industries, or<br>**(c)** using or working right beside pneumatic percussive tools on metal or for drilling or of highspeed grinding tools on metal including the sharpening of such tools on metal, for at least an average of one hour per working day, or<br>**(d)** working wholly or mainly right beside drop-forging plant (including plant for drop-stamping or drop-hammering) or forging press plant engaged in the shaping of metal, or<br>**(e)** working wholly or mainly in rooms or sheds where there are machines engaged in weaving man-made or natural (including mineral) fibres or in bulking up fibres in textile manufacturing, or<br>**(f)** using or working wholly or mainly right beside machines engaged in cutting, shaping or cleaning metal nails, or<br>**(g)** using or working wholly or mainly right beside plasma spray guns engaged in the deposition of metal, or<br>**(h)** using or working wholly or mainly right beside any of the following machines engaged in working wood or material composed partly of wood, that is multi-cutter moulding machines, planing machines, automatic or semi-automatic lathes, multiple cross-cut machines, automatic shaping machines, double-end tenoning machines, vertical spindle moulding machines (including highspeed routing machines), edge banding machines, band-sawing machines with a blade width of not less than 75 millimetres and circular sawing machines in the operation of which the blade is moved towards the material being cut, or<br>**(i)** using chain saws in forestry, or<br>**(j)** working wholly or mainly setting, tuning or testing of aircraft engines or right beside such work |

| | |
|---|---|
| 12. **Traumatic inflammation** of the **tendons** of the **hand** or **forearm** or of the associated **tendon sheaths** | Manual labour, or frequent or repeated movements of the hand or wrist. |
| 13. **Vibration-induced white finger** (that is, **traumatic vasospasm** of at least two **distal phalanges** of three or more digits of one hand - occurring without seasonal intermission) | Work that involves:<br>**(a)** using chain saws in forestry work, or<br>**(b)** using percussive-grinding or other rotary tools, or<br>**(c)** using pounding machines, or<br>**(d)** holding materials being worked on by percussive tools |
| 14. **Ulnar Nerve Neuritis** | Work involving prolonged external pressure at or about the elbow |
| 15. **Carpal tunnel syndrome** | **(a)** Work involving using hand-held power tools, but excluding those which are solely powered by hand, whose internal parts vibrate so as to transmit that vibration to the hand, or<br>**(b)** repetitive and forceful work causing abnormal pressure on the wrist over a prolonged period |
| 16. **Lateral epicondylitis** | Work involving over a prolonged period, repeated and forceful rotational movements of the forearm with hand extended |

## B. Conditions due to biological agents

| Conditions | Occupation Type |
|---|---|
| 1. **Ankylostomiasis** | Work in or about a mine. |
| 2. **Anthrax** | Work involving contact with animals infected with anthrax or with such animal products or residues or handling (including loading or unloading or transport) of merchandise contaminated by such animals, products or residues |
| 3. **Glanders** | Work involving contact with equine animals or their carcasses. |
| 4. **Infection by *Leptospira*** | **(a)** Work in places that are or are liable to be infested by rats or field mice, voles or other small mammals, or<br>**(b)** Work at dog kennels or the care or handling of dogs, or<br>**(c)** Work involving contact with bovine animals or their meat products or pigs or their meat products |
| 5. Infection by organisms of the **genus *Brucella*** | Work involving contact with:<br>**(a)** animals infected by brucella or their carcasses or parts thereof or their untreated products, or<br>**(b)** laboratory specimens or vaccines of, or containing brucella. |
| 6. Infection by ***Streptococcus suis*** | Work involving contact with pigs infected by streptococcus suis or with the carcasses, products or residues of pigs so infected |

| | |
|---|---|
| 7. **Extrinsic allergic alveolitis** (including farmer's lung) | Work that involves exposure to moulds or fungal spores or heterologous proteins due to employment in:<br>**(a)** agriculture or horticulture, forestry, cultivation of edible fungi or maltworking, or<br>**(b)** loading or unloading or handling in storage mouldy vegetable matter or edible fungi, or<br>**(c)** caring for or handling birds, or<br>**(d)** handling bagasse |
| 8. **Tuberculosis** | Work involving close and frequent contact with a source of tuberculosis infection |
| 9. **Viral hepatitis** | Work that involves contact with:<br>**(a)** human blood or human blood products, or<br>**(b)** a source of viral hepatitis |
| 10. **Non-endemic infectious** or **parasitic diseases** which are not endemic in the State. For example, malaria, leprosy, yellowfever, leishmaniasis, toxaplasmosis would be included in the category. | Work involving contact with a source of any such disease |

## C. Conditions due to chemical agents

| Conditions | Occupation Type |
|---|---|
| 1. (a) **Angiosarcoma** of the liver<br>(b) **Osteolysis** of the terminal phalanges of the fingers<br>(c ) **Non-cirrhotic portal fibrosis** | **(a)** Work in or about machinery or apparatus used for the polymerization of vinyl chloride monomer, a process that for the purposes of this provision, comprises all operations up to and including the drying of the slurry produced by the polymerization and the packaging of the dried product, or<br>**(b)** Work in a building or structure in which any part of that process takes place. |
| 2. (a) **Carcinoma** of the mucous membrane of the **nose** or associated air **sinuses**<br>(b) Primary **carcinoma** of a **bronchus** or of a **lung** | Work in a factory where nickel is produced by decomposition of a gaseous nickel compound that necessitates working in or about a building or buildings where that process or any other industrial process connected or incidental to it takes place. |
| 3. **Dystrophy** of the **cornea**, (including ulceration of the corneal surface) of the **eye** | Work that involves<br>**(a)** using or handling or exposure to arsenic or tar, pitch, bitumen, mineral oil (including paraffin) or soot, or any compound, product or residue of any of these substances except quinone or hydroquinone, or<br>**(b)** exposure to quinone or hydroquinone during their manufacture |

| | |
|---|---|
| 4. (a) Localised new growth of the **skin**, **papillomatous** or keratotic<br>(b) Squamous-celled **carcinoma** of the skin | Work that involves using or handling or exposure to, arsenic, tar, pitch, bitumen, mineral oil (including paraffin), soot or any compound, product or residue of any of these substances, except quinone or hydroquinone |
| 5. **Occupational vitiligo** | Work that involves using or handling or exposure to, para-tertiary-butylphenol or para-tertiary-butylcatechol or para-amylphenol, hydroquinone or the monobenzyl or monobutyl ether of hydroquinone |
| 6. Primary **neoplasm** (including papilloma, carcinoma-in-situ and invasive carcinoma) of the **epithelial lining** of the **urinary tract** (renal, pelvis, ureter, bladder and urethra) | **(a)** Work in a building in which any of the following substances is produced for commercial purposes:<br>(i) alpha-naphthylamine or beta- naphthylamine or methylene-bis-orthochloroaniline<br>(ii) diphenyl substituted by at least one nitro or primary amino group or by at least one nitro and primary amino group (including benzidine)<br>(iii) any of the substances mentioned in sub-paragraph (ii) above if further ring substituted by halogeno, methyl or methoxy groups, but not by other groups<br>(iv) the salts of any of the substances mentioned in sub-paragraphs i, ii, iii above<br>(v) auramine or magenta, or<br>**(b)** the use or handling or any of the substances mentioned in sub-paragraph (a) i to iv, or work in a process in which any such substance is used or handled or liberated, or<br>**(c)** maintaining or cleaning any plant or machinery used in any such process as mentioned in sub-paragraph b), or cleaning clothing used in any building as mentioned in sub-paragraph a) if such clothing is cleaned within the works of which the building forms a part or in a laundry maintained and used solely in connection with such works |
| 7. Poisoning by acrylamide monomer | Work that involves using or handling or exposure to, acrylamide monomer |
| 8. Poisoning by arsenic or a compound of arsenic | Work that involves using or handling or exposure to the fumes, dust or vapour of, arsenic or a compound of arsenic or a substance containing arsenic. |
| 9. Poisoning by benzene or a homologue of benzene | Work that involves using or handling or exposure to the fumes of, or vapour containing, benzene or any of its homologues |
| 10. Poisoning by beryllium or a compound of beryllium | Work that involves using or handling or exposure to the fumes, dust or vapour of, beryllium or a compound of beryllium or a substance containing beryllium |
| 11. Poisoning by cadmium or its toxic compounds | Work that involves exposure to the dust or fumes of cadmium or its toxic compounds |
| 12. Poisoning by carbon bisulphide | Work that involves using or handling or exposure to the fumes or vapour of, carbon bisulphide or a compound of carbon bisulphide or a substance containing carbon bisulphide |

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| 13. Poisoning by chlorinated naphthalen | Work that involves using or handling or exposure to the fumes of, or dust or vapour containing chlorinated naphthalene |
| 14. Poisoning by chrome or its toxic compounds | Work that involves exposure to the risk of poisoning by chrome or its toxic compounds |
| 15. Poisoning by diethylene dioxide (dioxan) | Work that involves using or handling or exposure to the fumes of, or vapour containing, diethylene dioxide (dioxan) |
| 16. Poisoning by dinitrophenol or a homologue of dinitrophenol, or by substituted dinitrophenols or by the salts of such substances. | Work that involves using or handling or exposure to the fumes of, or vapour containing, dinitrophenol or a homologue or substituted dinitrophenols or the salts of such substances |
| 17. Poisoning by Gonioma kamassi (African boxwood) | Work that involves manipulation of gonioma kamassi, or any process in or incidental to manufacturing articles from it |
| 18. Poisoning by lead or a compound of lead. | Work that involves using or handling or exposure to the fumes, dust or vapour of, lead or a compound of lead or a substance containing lead |
| 19. Poisoning by manganese or a compound of manganese | Work that involves using or handling or exposure to the fumes, dust or vapour of, manganese or a compound of manganese or a substance containing manganese |
| 20. Poisoning by mercury or a compound of mercury | Work that involves using or handling or exposure to the fumes, dust or vapour of, mercury or a compound of mercury or a substance containing mercury |
| 21. Poisoning by nickel carbonyl | Work that involves exposure to nickel carbonyl gas |
| 22. Poisoning by nitro- or amino- or chloro-derivatives of benzene or of a homologue of benzene or poisoning by nitrochlorbenzene | Work that involves using or handling or exposure to the fumes of, or vapour containing, a nitro- or amino- or chloro-derivative of benzene or of a homologue of benzene or nitrochlorbenzene |
| 23. Poisoning by oxides of nitrogen | Work that involves exposure to oxides of nitrogen |
| 24. Poisoning by phosphorus or an inorganic compound of phosphorus or poisoning due to the anticholinesterase or pseudo anticholinesterase action of organic phosphorus compounds | Work that involves using or handling or exposure to the fumes, dust or vapour of, phosphorus or a compound of phosphorus or a substance containing phosphorus |
| 25. Poisoning by the toxic halogen derivatives of hydrocarbons of the aliphatic series. | Work that involves using or handling or exposure to the fumes of, or vapour containing, toxic halogen derivatives of hydrocarbons of the aliphatic series |
| 26. Poisoning by fluorine or its toxic compounds | Work that involves exposure to fluorine or its toxic compounds |
| 27. Poisoning by alcohols, glycols or ketones | Work that involves using or handling or exposure to the fumes or vapour of alcohols, glycols or ketones used as solvents or dilutants |

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| 28. Poisoning by carbon momoxide, hydrogen cyanide or its toxic derivatives or hydrogen sulphide. | Work involving exposure to the fumes or vapour of carbon monoxide, hydrogen cyanide or its toxic derivaties or hydrogen sulphide |
| 29. Poisoning by nitroglycerine or nitroglycol. | Work that involves using or handling or exposure to the fumes, dust or vapour of, nitroglycerine or nitroglycol or a substance containing nitroglycerine or nitroglycol |
| 30. Latex allergy: | Work involving exposure to latex in respect of work in human healthcare |

## D. Miscellaneous conditions

| Conditions | Occupation Type |
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| 1. **Asthma** which is due to exposure to any of the following agents:<br>(a) animals or insects used for the purposes of research or education or in laboratories<br>(b) dusts due to sowing or cultivating, harvesting, drying, handling, milling, transporting or storing barley, oats, rye, wheat, or maize, or handling, milling, transporting or storing meal or flour made from them<br>(c) fumes or dusts arising from manufacturing or transporting or using hardening agents (including epoxy resin curing agents) based on phthalic anhydride or tetrachlorophthalic anhydride, trimellitic anhydride or triethylene-tetramine<br>(d) fumes arising from the use of resin as a soldering flux<br>(e) isocyanates<br>(f) platinum salts<br>(g proteolytic enzymes<br>(h) red cedar wood dust | Work that involves exposure to any of the agents set out across |

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| (i) glutaraldehyde<br>(j) latex in respect of work in human healthcare (occupational asthma)<br>**Condition for occupational asthma**<br>If you have left a prescribed occupation you must claim benefit within 10 years of leaving. | |
| 2. **Inflammation** or **ulceration** of the mucous membrane of the upper respiratory passages or mouth produced by dust or liquid or vapour | Work involving exposure to dust or liquid or vapour |
| 3. **Non-infective dermatitis** of external origin (including chrome ulceration of the skin but excluding dermatitis due to ionising particles or electro-magnetic radiations other than radiant heat) | Work involving exposure to dust or liquid or vapour or any other external agent capable of irritating the skin (including friction or heat, but excluding ionising particles or electro-magnetic radiations other than radiant heat) |

## Type of employment for which Pneumoconiosis (A.7) is prescribed

| **Employment in any occupation:** |
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| 1. (a) involving mining, quarrying or working of silica rock or the working of dried quartzose sand or any dry deposit or dry residue of silica or any dry admixture containing such materials (including any occupation in which any of the above operations takes place incidentally to the mining or quarrying of other minerals or to the manufacture of articles containing crushed or ground silica rock)<br>(b) involving handling of any of the materials specified in the above sub-paragraph in or incidental to any of the operations mentioned in it, or substantial exposure to the dust arising from such operations |
| 2. involving breaking, crushing or grinding of flint or the working or handling of broken, crushed, or ground flint or materials containing such flint, or substantial exposure to the dust arising from any such operations |
| 3. involving sand blasting by means of compressed air with the use of quartzose sand or crushed silica rock or flint, or substantial exposure to the dust arising from such sand blasting |
| 4. involving work in a foundry or the performance of, or substantial exposure to the dust arising from, any of the following operations:<br>(a) the freeing of steel castings from adherent siliceous substance (b) the freeing of metal castings from adherent siliceous substance: by blasting with an abrasive propelled by compressed air, by steam or by a wheel, or using power-driven tools |
| 5. in or incidental to the manufacture of china or earthenware (including sanitary earthenware, electrical earthenware and earthenware tiles), and any occupation involving substantial exposure to the dust arising from it |
| 6. involving the grinding of mineral graphite or substantial exposure to the dust arising from such grinding. |
| 7. involving the dressing of granite or any igneous rock by masons, or the crushing of such materials, or substantial exposure to the dust arising from such operations. |
| 8. involving use, or preparation for use, of a grindstone, or substantial exposure to the dust arising therefrom. |
| 9. (a) involving the working or handling of asbestos or any admixture of asbestos<br>(b) involving manufacture or repair of asbestos textiles or other articles containing or composed of asbestos<br>(c) involving cleaning of any machinery or plant used in any of the above operations and of any chambers, fixtures and appliances for collecting asbestos dust<br>(d) involving substantial exposure to the dust arising from any of the above operations. |
| 10. (a) involving work underground in any mine in which one of the objects of the mining operations is the getting of any mineral<br>(b) involving working or handling above ground at any coal or tin mine of any minerals extracted from the mine, or any operation incidental to it<br>(c) involving trimming of coal in any ship, barge or lighter, or in any dock or harbour or at any wharf or quay<br>(d) involving sawing, splitting or dressing of slate, or any operation incidental to it |
| 11. in or incidental to the manufacture of carbon electrodes by an industrial undertaking for use in the electrolytic extraction of aluminium from aluminium oxide, and any occupation involving substantial exposure to the dust arising from it |
| 12. involving boiler scaling or substantial exposure to the dust arising from it |
| **Employment to which presumption of occupational origin of disease does not apply** |
| 1. Employment in any occupation involving exposure to mineral dust. |

# Appendix E

## Department of Social and Family Affairs Information Leaflets

Back to School Clothing and Footwear Allowance SW 75

Back to Work Allowance SW 93

Blind Pension SW 76

Carer's Allowance SW 41

Carer's Benefit SW 49

Directory of Services for the Ill and Incapacitated SW 110

Disability Allowance SW 29

Disablement Benefit – SW 31

Employers PRSI Exemption Scheme – SW 73

Free Travel SW 40

Household Benefits Package SW 107

Illness Benefit SW 119

Injury Benefit SW 30

Invalidity Pension SW 44

Living Alone Allowance SW 36

Medical Care SW 34

National Fuel Scheme SW 17

Occupational Injury/Illness Benefit Late Claims – Possible Further Payments SW 101

Prescribed Occupational Diseases under the Occupational Injuries Scheme SW 33

Smokeless Fuel Allowance SW 17a

Supplementary Welfare Allowance including Rent/Mortgage & Other Supplements SW 54

Treatment Benefit SW 24

The Workplace Safety Initiative is an initiative to promote health and safety at work.

## Workplace Safety Initiative members

Irish Business and Employers Confederation (IBEC), Construction Industry Federation (C.I.F.), Irish Congress of Trade Unions (ICTU) and the Irish Insurance Federation (IIF).

The Workplace Safety Initiative is supported by the Department of Enterprise, Trade and Employment (DETE), FÁS. Health & Safety Authority (H.S.A.) and the Personal Injuries Assessment Board (P.I.A.B.).

*Disclaimer: While every care was taken with the preparation of this report no liability is accepted for error or omission. This report is a general guide only to injury and return to work issues.*

# The Workplace Safety Initiative

**The Workplace Safety Initiative was set up with these aims:**

**Prevention:** Every effort is made to avoid occupational injuries.

**Intervention:** Where, despite efforts on all sides to avoid them, an accident does occur, it is dealt with in the best way possible.

**Retention:** The injured employee is given every assistance to return to work as soon as possible.

**The members are:**
Irish Business and Employers Confederation (IBEC), Construction Industry Federation (C.I.F.), Irish Congress of Trade Unions (ICTU) and the Irish Insurance Federation (IIF).

The Workplace Safety Initiative is supported by the Department of Enterprise, Trade and Employment (DETE), FÁS, Health & Safety Authority (H.S.A.) and the Personal Injuries Assessment Board (P.I.A.B.).

Workplace Safety Initiative c/o 84/86 Lower Baggot St., Dublin 2.
Tel +353 1 605 1500 Fax +353 1 638 1500 email ohs@ibec.ie

IBEC

CONGRESS WORKING FOR PROGRESS IRISH CONGRESS OF TRADE UNIONS

CONSTRUCTION INDUSTRY FEDERATION

Irish Insurance Federation

Department of Enterprise, Trade and Employment

FÁS Foras Áiseanna Saothair Training & Employment Authority

HEALTH AND SAFETY AUTHORITY

Personal Injuries Assessment Board