

This policy was updated in June 2024 and will be reviewed annually.

Staff sickness and absence policy

Statement of Intent

The setting encourages all its employees to maximise their attendance at work while recognising that employees will, from time-to-time, be unable to come to work for short periods owing to sickness.

We value the contribution our employees make to our success. When an employee is unable to work for any reason, that contribution is missed. If an employee is frequently and persistently absent from work, this can damage the quality of our childcare and education and place an additional burden of work on the employee's colleagues. In addition, the setting may incur additional costs or lose income. By implementing this policy, we aim to balance the business needs of the setting and the genuine needs of employees to take occasional short periods of time off work due to sickness.

Aim

This policy explains:

- Key steps for effectively managing absence.
- Procedures to be followed by staff.
- How the setting works with employees to keep absence levels to a minimum.

Procedures

Types of sickness absence

Not all patterns of absence fall neatly into one of the following groups and/or the pattern may change over a period of time, so some flexibility of approach may be needed.

Frequent short-term sickness absence

This is when an employee has been absent from work through sickness or injury on a number of occasions within a defined time frame, or absences which fall into a pattern over the same period. See the 'trigger points' below.

Long-term sickness absence

This is when an employee has been, or is expected to be, absent from work for more than four consecutive weeks. See the trigger points below.



Trigger points that initiate action

The trigger points below will normally initiate the appropriate sickness absence process:

- Seven working days or more of absence in a rolling six-month period.
- Three instances of sickness absence in a rolling six-month period.
- Ten non-continuous working days or more in a 12-month period.
- Four weeks/28 days of continuous absence.
- Any recognisable recurring patterns.
- Sickness absence related to mental health issues (e.g. depression, anxiety, stress).
- A physical impairment which requires workplace modifications.
- Other reasons for absence that may cause concern.

Managing short-term and frequent intermittent absences

The procedures relating to sickness absence reporting and management are set out below.

Notification

Employees who need to be absent from work due to sickness must comply with the following rules:

- Notify their manager before leaving for home, or to visit their GP, in the event of becoming ill and being unable to carry out duties whilst at work.
- Thereafter, notify their manager by telephone if they are ill or unable to attend work for any other reason. Notification should be as early as possible and in any event prior to the employee's start time. Employees should be prepared to state the reason why they cannot attend work, and how long they think the absence will last. If the absence is due to an injury at work, this must be reported.
- Employees should maintain regular phone contact with their manager to advise on the progress of the illness or injury and the likely date of return to work. The frequency will depend on the circumstances, but as a minimum it should be after the first four working days and/or when there is any change to previously given information.
- In exceptional circumstances, for example in the event of hospitalisation, someone else may notify the manager on the employee's behalf. Text messaging or leaving a message with anyone at random is



not acceptable.

- If an employee believes that her or his condition may be related to an activity or incident at work, she or he should inform the manager. In these circumstances, the manager should record the information so that an accident report form based on the information given can be completed (if this was not done at the time of the injury). The form should be sent for the employee to update and sign and return.
- If an employee has been exposed to a communicable illness (e.g. diarrhoea and vomiting) she or he must inform their manager.
- Employees must have ceased to experience diarrhoea and vomiting for 48 hours before returning to work.

Record keeping and certification

Employees are required to provide the following:

- On return to work, they should complete a self-certification form for periods of absence from one to seven days (example attached). This should be signed in front of the manager, who should then countersign it and keep a copy on file.
- For any period of absence of more than seven days, a medical statement covering the relevant periods of absence should also be provided and sent to the manager.
- Where an employee has been provided with a medical statement indicating that they are 'fit for work' with recommended workplace adjustments, they are required to contact their manager immediately before returning to work.

The Manager is expected to:

- Create a record whenever an employee phones in to report that she or he is unable to come to work due to sickness (this includes recording when the call was made, the stated reason for the absence and how long the employee expects to be absent); and
- Keep confidential records of all absences, discussions and medical certificates and make sure that the records clearly identify the reasons for an employee's various absences.

<u>Monitoring</u>

The first step in managing sickness absence is to identify when sickness trigger levels are reached, which then requires management action. This can only be done though maintaining records and monitoring absence levels on an individual and group basis. The setting will also be alert to patterns, for example



persistent Monday or Friday absenteeism.

Return to work interviews

The setting will normally hold return to work discussions each time an employee returns to work following a short-term absence. Key elements of this discussion include:

- Welcoming the employee back to work.
- Clarifying the reason for the employee's absence.
- Speaking to the employee about the absence and the reason for it in a fair and factual way, this alerts employees to the fact that absences are being monitored and will potentially deter casual absences.
- Where appropriate, identifying ways to assist the employee to improve her or his attendance in the future.
- Establishing, through investigation and discussion with the employee, the underlying reasons for frequent absences.
- Checking whether absences are in part because of personal or family problems.
- Checking whether the employee's absences are work related in any way, for example, as a result of workplace stress if the problem is work related, the manager should take prompt steps to remove or reduce factors contributing to the employee's problem.
- Establishing whether any medication is being taken which may impact on the employee's ability to carry out their role.

Formal sickness absence procedure

If attendance, due to short-term or intermittent absence, becomes a matter of concern, for example, when trigger levels are reached, the setting will discuss this with the employee informally with a view to improving attendance.

The following procedure aims to provide a consistent approach to managing short-term absence initially through informal interventions, and where attendance does not improve and concerns continue, through a formal process.

Informal review meeting

The Manager will:



- Clarify the employee absence dates and reasons.
- Discuss whether the employee has any underlying health concerns, and if so, gain consent for a medical report.
- Consider any personal problems the employee may have that are impacting upon their attendance and explore what options may be available to support them.
- Set targets for improvement in attendance (e.g. not to reach the trigger level again within the next six months) and ensure that the employee is committed to achieving this.
- Inform the employee that reaching one of the trigger points in the next six months may result in formal absence proceedings.
- Give the employee a copy of the sickness absence procedure.

Formal Stages

Stage 1 – First formal

Where frequent, short-term sickness absences persist and the employee has reached one of the trigger points within the six-month informal review period, a formal sickness review meeting will be held with the employee.

Organising the meeting

- The meeting will take place as soon as possible, within the review period, once a trigger point has been reached.
- A minimum of 48 hours' notice should be given of any formal sickness review meeting. This will include details of the sickness dates and reasons given.
- If an employee is unable to make a formal scheduled meeting, she or he can suggest an alternative date within five working days of the original date set. If a date cannot be arranged within a reasonable time frame, a decision may be taken in the absence of the employee.



Right to be accompanied

- Employees are entitled to be accompanied by a trade union representative or fellow employee.
- At all formal sickness review meetings, the manager can choose to be supported by the Chair of the Committee.

Points to be covered at formal sickness review meetings

- Review the employee's attendance.
- If a pattern is identified, the manager will put her or his observations to the employee directly so that the employee has the opportunity to provide an explanation.
- Review the reasons for the absence. The employee should be given an opportunity to explain any circumstances, which might be contributing to the level of absence, or any other matter which she or he feels ought to be taken into account.
- Seek medical advice, if appropriate, to determine whether there is any underlying medical cause for the employee's frequent absences.
- Consider whether or not there is an underlying reason for the absence.
- Discuss how the absence record may be improved.
- Schedule follow-up meetings at an agreed time to monitor the ongoing situation and review the improvements made, if any.
- Discuss any management support required or other needs.
- Make the employee aware that if the trigger levels are reached again, the matter may be referred to the next formal stage of the procedure.
- Warn the employee of the consequences of continuing unsatisfactory attendance: that she or he may eventually be dismissed.

Potential outcomes

- Decide that no further action is necessary.
- Specify what, if any, assistance can be offered to the employee.
- Consider whether a further medical report is necessary.



- Continue to monitor the absence once a month for the next six months.
- Issue a first written warning, which will remain live for 12 months.

Confirm outcome in writing

- The outcome of the meeting must be confirmed in writing within 10 working days of the meeting.
- The right of appeal must be included in the letter.

Stage 2 – Second formal

Where a trigger level has been reached during the monitoring period, the steps outlined in Stage 1 should be repeated.

At stage 2, potential outcomes are as highlighted at stage 1, except that a final written warning could be issued, which will remain live for 18 months.

Stage 3 – Third formal

Where the trigger levels have been reached during the monitoring period, the steps outlined in Stage 1 should be repeated. However, the person previously managing the matter should present the case to another Committee Member who has not been previously involved in the case. This individual will then make the final decision on the outcome of the meeting.

At Stage 3, potential outcomes are as highlighted at stage 1, except the formal absence review meeting could result in the termination of employment of the employee due to frequent short-term absence.

Managing long-term absence

For the purpose of this policy, long-term sickness absence is defined as: absence certified as sickness which lasts for more than four weeks.

It is recognised that there are occasions when individuals may need to take a protracted period of absence to recover from more serious health conditions. These types of absences include:

- Long/medium term planned absence to cover health conditions where the length of absence can be predicted (e.g. broken bones or in-patient operative procedures requiring rehabilitation).
- Long/medium term unplanned absences where it is much more difficult to predict the likely duration of the sickness absence period (e.g. depression).



The general principles that the setting will normally adopt are as follows:

- A regular communication link is maintained between the employee and the manager throughout the entire period of absence.
- Reasonable attempts are made to investigate the nature of the illness via medical report(s) and no decision is made concerning an individual's employment without medical advice.
- In cases of long-term recoverable sickness, the employee should be allowed a reasonable period of time in which to achieve recovery.

Employees are expected to:

- Contact their manager immediately before returning to work to discuss any Fit for Work recommendations for workplace adjustments; and
- Cooperate with the setting on the possible implementation of any adjustments to job duties, hours or working conditions, resulting from agreed discussions and recommendations made by her or his doctor; recommendations are not binding on the setting but will be carefully considered.

Factors that might influence the setting's handling of an employee's sickness absence include:

- The nature of the job.
- The nature, length and effect of the illness.
- The availability of alternative employment.
- Whether the employee has a disability as defined by the Equality Act 2010.
- The setting's need for the work to be done by that employee.
- The impact that the absence has on the setting.
- The length of the individual's employment.
- Whether the employee has a terminal illness.



Formal stages

First formal review

The manager should contact the employee to arrange a meeting to discuss the position and ascertain when (and if) a return to work can be expected. At this point a medical report should be requested.

Process at all review meetings

- In the event that the employee is too ill to attend this meeting, the manager could consider meeting at the home of the employee.
- The employee is entitled to be accompanied by a trade union representative or a work colleague.
- If an individual is unable to have a formal scheduled meeting, she or he can suggest an alternative date within five working days of the original date set. If a date cannot be arranged within a reasonable time frame, a decision may be taken in the absence of the employee.
- The outcome of the meeting must be confirmed in writing within 10 working days of the meeting.
- The right of appeal against any penalty issued must be included in the letter.

Second formal review

Once medical advice has been received, this should be discussed at a second meeting with the employee. The employee has the right to be accompanied by a trade union representative or a work colleague.

There are likely to be four possible outcomes:

- A return to work within a reasonable period. The details of these arrangements will need to be agreed on an individual basis between the parties concerned and could include a phased return (such as parttime hours).
- Alternative employment. If the report indicates that the employee is incapable of carrying out the duties of their current post but may be able to perform other duties, the setting will make every reasonable effort to find such employment. This will include giving the employee priority consideration for appropriate vacancies.
- Reasonable adjustment. If the employee has a disability as defined by the Equality Act 2010, then the setting will consider making reasonable adjustments to the job to accommodate the employee's short-term or long-term requirements.
- Termination of the employment contract on the grounds of incapability due to ill health, or ill health



retirement.

The decision to terminate should only be taken by a committee member not previously involved in review meetings.

In some cases, it may be necessary to have more than two meetings with the employee before a final decision can be made.

Disability as defined by the Equality Act 2010

For both short-term and long-term sickness cases, where the employee is disabled within the meaning of the Equality Act 2010, the review meeting(s) will:

- Seek to establish the nature of the illness and its likely duration:
- Seek consent for a medical report, in order to establish the nature of the illness, its likely duration and its effect on the employee's ability to carry out his or her job; the employee may be asked to see an independent doctor appointed by the setting to enable a medical report to be prepared;
- Consider making reasonable adjustments to the particular job to accommodate the employee's shortterm or long-term requirements; and
- Consider offering alternative employment or a shorter working week or such other adjustments to the employee's job as may be reasonable in the circumstances.

Staff Sickness Administration

Sick Pay

- Normal statutory sick pay applies.
- Statutory Sick Pay Statutory Sick Pay (SSP) is a minimum weekly payment which employers must pay for 28 weeks to qualifying employees. Employees who are excluded from receiving SSP or who have exhausted their SSP entitlement may be entitled to claim sickness benefits from the state.
- There may be "waiting days" before employees can claim SSP. In accordance with Statutory Sick Pay guidelines, there is no requirement for this to be paid leave. However, Ladybird Playgroup Thriplow CIO will offer all of its staff a total of up to five days sick leave on full pay per annum. Thereafter, any sick pay will be paid in accordance with SSP guidelines including non-payment on "waiting days" if this is applicable. Any deviations from this are at the Chairperson's discretion and will be considered on a case by case basis.

Maternity



• Absence relating to pregnancy will be recorded separately from sickness records. Employees are entitled to reasonable time-off pay to attend antenatal clinics. Statutory Maternity Pay will apply as appropriate. Staff should endeavour to make routine appointments outside of work time where possible.

Disability

• Absence relating to disability will be recorded separately from sickness records. We work within the Framework of the Equality Act 2010 to ensure an inclusive and anti-discriminatory approach.

Time off for Medical Appointments

• Where possible, appointments for Doctor, Dentist, Optician, Hospital etc. should be made outside of normal working hours.

Bereavement / Compassionate Leave

- You are entitled to take paid compassionate leave in the event of serious illness or death of a member of your immediate family (being a spouse or partner, child, stepchild, grandchild, parent, step-parent, parent-in-law, grandparent, brother or sister, stepbrother or stepsister or brother or sister-in-law) of up to three consecutive days (excluding weekends) in any 12-month period.
- We may exercise discretion to grant paid compassionate leave in respect of any other relative or close friend, depending on the circumstances of each case.
- If you are unable to return to work following a period of compassionate leave you should contact the manager or Chair of the Committee. It may be appropriate to take a period of annual leave or unpaid leave in those circumstances.
- We recognise that it may not always be possible to request compassionate leave in advance. However, where it is possible, you should make a request to the manager or Chair of the Committee. You should tell them about the reasons for your request and the number of days leave you would like to take.
- Where it is not possible to request leave in advance, you should contact the manager or Chair of the Committee as soon as possible to tell them the reason for your absence and the number of days you expect to be absent. Someone can do this on your behalf.

Time Off for Dependents

• In emergencies where normal childcare arrangements break down or where an employee is primarily or solely responsible for a child, dependent relative or partner who becomes ill or incapable, then an employee can request up to two days leave per annum to organise appropriate care. This leave will be paid and the request should be made to the manager as soon as a problem is identified.



Annual Leave / Holiday Entitlement

• Please refer to your Contract for Terms & Conditions.

Staff Health

This final section contains information from Gov.uk concerning various different diseases and associated advice:

Staff immunisation

• All staff should undergo a full occupational health check before starting employment; this includes ensuring they are up to date with immunisations, including Measles, Mumps, Rubella (MMR).

Exclusion

• Staff employed in schools, nurseries and other childcare settings should have the same rules regarding exclusion applied to them as are applied to the children. They may return to work when they are no longer infectious, provided they feel well enough to do so.

Pregnant staff

• It should be noted that the greatest risk to pregnant women from such infections comes from their own household rather than the workplace. However, if a pregnant woman develops a rash, or is in direct contact with someone with a rash who is potentially infectious, she should consult her doctor or midwife.

Chickenpox

 Chickenpox can affect the pregnancy if a woman has not already had the infection. The GP and midwife should be informed promptly. A blood test may be arranged to check immunity if it isn't already known. Shingles is caused by the same virus as chickenpox therefore anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

Measles

Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is
exposed, the midwife should be informed immediately. All female staff under the age of 25 years,
working with young children, should have evidence of 2 doses of MMR vaccine or a positive history of
measles.

Rubella (German measles)



- If a pregnant woman comes into contact with German measles she should inform her GP and midwife immediately. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- All female staff under the age of 25 years, working with young children, should have evidence of 2 doses of MMR vaccine or a positive history of Rubella.

Slapped cheek disease (Parvovirus B19)

• Slapped cheek disease (Parvovirus B19) can occasionally affect an unborn child if exposed early in pregnancy. The pregnant woman should inform their midwife promptly.

Food handling staff

- Food handlers and catering staff may present a particular risk to the health of their pupils and staff if they become infected (or have close contact) with diseases that can be transmitted to others via the medium of food or drink. These diseases commonly affect the gastrointestinal system (stomach and bowel) and usually cause diarrhoea or vomiting, or both.
- Food handling staff suffering from such diseases must be excluded from all food handling activity in the school or nursery setting until advised by the local Environmental Health Officer that they are clear to return to work. There are legal powers for the formal exclusion of such cases but usually voluntary exclusion will suffice with 'off work' certificates from the GP, as necessary.
- All establishments should have a clear written policy for the exclusion of staff, particularly food handlers, in relation to gastro-enteric diseases. Staff and attenders should not be present at the establishment if they are currently suffering from diarrhoea or vomiting, or both. At the very least, persons suffering from gastro-intestinal diseases should not return to work until 48 hours post recovery (no further diarrhoea or vomiting).
- Employers should notify their local Environmental Health Department immediately that they are informed of a member of staff engaged in the handling of food has become aware that he or she is suffering from, or is the carrier of, any infection likely to cause food poisoning.
- This policy should be made clear to the person in charge of the kitchen and all catering staff at the time of appointment ¹. Food handlers are required by law to inform their employer immediately if they are suffering from:
 - o typhoid fever



- o paratyphoid fever
- o other salmonella infections
- o dysentery
- \circ shigellosis
- o diarrhoea (cause of which has not been established)
- o infective jaundice
- staphylococcal infections likely to cause food poisoning like impetigo, septic skin lesions, exposed infected wounds, boils
- E. coli VTEC infection

Reference

This policy was adopted at a meeting of the Ladybird Playgroup Thriplow CIO		
Held on (date)		
Signed on behalf of the Ladybird Playgroup Committee		
Role of signatory (e.g. chairperson etc.)		
Signed by Playgroup Leader/Deputy		
Name of Playgroup Leader/Deputy		

Self-certification of sickness form

If you are unable to attend work, please telephone your manager on the first day of sickness, as per the procedures of the setting. When you return to work, please complete this form and hand it to your manager who will conduct a return to work interview with you.



Office use only	File:	Manage	r:
Ladybird Playgroup Th	riplow CIO's self-ce	ertification of sickness for	m
Name of employee:			
Position held:			
I certify that I was abse	nt due to sickness	From:	To:
(state day(s) & date(s))			
Due to:			
And I returned to work	on: 		
Taking a total of:		day's sickness	

For sickness in excess of seven days, you must obtain a doctor's fit note. Do not delay seeing your doctor if you need medical advice or treatment.



Signed:	Date:

To be completed by the Manager:

I accept the above self-certification of sickness.

The above employee is entitled to SSP only/SSP plus enhanced contractual sick pay (please delete as appropriate)

Signed:

Date:

Your manager will now conduct a return to work interview.