

Case Study 1

Non-manual office-based role



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The 47-year-old female employee was diagnosed with Non-Hodgkin's Lymphoma and treated by chemotherapy and medication. The employee was absent from work for 10 months.

Following treatment, the employee suffered from anxiety, fatigue, breathlessness and poor memory and concentration.

Return-to-work process

During her absence from work the line manager kept in touch with the employee by email, phone calls, visits and visits to coffee shops. HR, occupational health and other colleagues also kept in touch.

A plan for return to work was put in place, which included a phased return with reduced hours over a period of three months which allowed the employee to avoid travelling during rush hour. After three months, the employee's hours were gradually increased over the next nine months. The return-to-work process was reviewed with the occupational health physician and line manager every two weeks in relation to hours and work activities to ensure that undue pressure wasn't placed on the employee and to make any necessary modifications.

A risk assessment was carried out which covered:

- A DSE assessment
- working on one floor of the building where possible and using the lift, rather than the stairs to access other floors when necessary
- a Personal Emergency Evacuation Plan (PEEP) taking into account a need for disability parking and escape routes
- consideration for memory in relation to short- and long-term tasks, with avoidance of multi-tasking and focusing on low-pressure tasks initially.

After four months the employee was discharged from the occupational health support, although there was the option to return if necessary. No longer-term adjustments were required.