Heddlu Police

DYFED-POWYS

LIMITED DUTIES PROCEDURE

	Name	Title	Signature	Date
Author	[redacted]	[redacted]	[redacted]	07.03.23
Reviewer				
Authoriser				

Effective Date:	07.03.23
Review Date:	

1. CHANGE HISTORY

Policy No:	EFFECTIVE DATE:	SIGNIFICANT CHANGES	PREVIOUS Policy NO:

2. AIM

The aim of this procedure is to specify the standard for undertaking limited duty reviews.

3. SCOPE

This procedure applies to all Dyfed Powys Police Occupational Health (OH) clinicians, including agency occupational health clinicians who are undertaking clinical work on behalf of DPP. This procedure is to aid OH clinicians. It is the responsibility of the OH clinician to ensure that they are working within their professional competence. Each Occupational Health professional is responsible for their own professional practice. This procedure exists to supplement that practice.

4. PROCEDURE

Must only be carried out with informed consent from officer/HR and line manager.

These assessments are usually done on an annual basis. There is not always a managerial referral as they may be done following an email form HR support team.

The assessment is carried out similar to a management referral assessment. The following will need to be assessed:

- Medical update i.e., any changes in their medical condition or medications.
- Update on their day-to-day activities.
- Update on whether they are undergoing any further consultant/specialist reviews.
- Update on their current restrictions.

The clinician should review **all** previous notes both electronic and if not fully scanned paper notes.

A discussion is had with the officer/staff about current restrictions and medical opinion on whether these will remain in place. Contents of report discussed with officer. Report and functional assessment form completed (Appendix A)

APPENDIX A

Date XXXX

Re- XXXXXXX

Thank you for requesting a limited duties review for the above-named officer/staff. I understand they are currently on restricted duties of XXXX since XXXXX. I can confirm that I was able to complete a telephone assessment/face to face assessment with them on XXXX. They have provided verbal/written consent for the following to be reported to management/HR. They have requested sight of the update at the same time/They have requested sight of the update before it is sent to management/HR.

Medical Updates

XXXXX

Equality Act

The decision on whether the medical condition can be regarded as a disability under the Equality Act 2010 is ultimately legal rather than medical. However, below is the relevant criteria for this and my professional opinion on whether the underlying condition described above would fulfil that;

1. Is there a substantial physical or mental impairment of the ability to undertake daily activities?
   Yes/No (If yes please describe activities impaired)

2. Is the impairment "long term" i.e., has it lasted or is it expected to last 12months or more?

Limited Duties and adjustments

XXXX

Follow Up

XXXX

Yours sincerely

OCCUPATIONAL HEALTH FUNCTIONAL LIMITATION DUTIES CODES

SURNAME		**PIN**		**DATE**	
FORENAME				**OFFICER**	
ROLE				**STAFF**	

		No Limitation	Short term <6 months	Long term >6 months	Do limitations require assessment of role for suitability?
	Driving				
1	Advanced/Response driving				
2	Standard driving				
3	Driving for long periods				
	Shifts				
4	Mornings < 7 am				
5	Evenings > 6pm				
6	Nights(after Midnight)				
7	Full hours				
8	Full Shifts				
	Conflict/trauma				
9	Physical confrontation,				
10	Verbal confrontation,				
11	Lone working				
12	Traumatic situations				
	Mobility				
13	Running,				
14	Walking,				
15	Standing for long periods				
16	Sitting for long periods				
17	Manual handling				
	JRFT/OST				
18	Bleep Test				
19	Chester Treadmill Test				
20	Modified OST				
	Equipment				
21	Use of radio/earpiece,				
22	Personal Protective Equipment				
23	Wearing of uniform,				

24	Reading/writing				
25	Use of IT,				
26	Recording and evaluating information				
	Cognitive				
27	Retain facts & procedure,				
28	Concentration				
29	Making decisions				
30	Ability to follow instruction				
	Communication				
31	Verbal, Visual or hearing				
	Environment				
32	Location/access to facilities				
33	Working at Heights				

	Fit for Work		**Comments**
34	Off sick long term (2-6 months)		
35	Off sick short term (4-8 weeks)		
36	Ready to return to work		
37	Remain unfit long term ≥6 months		
38	Remain unfit short term (2-4 weeks)		
39	Unable to predict		

CONSULTATION

Did not attend		**Review**	**Date**		**Due (weeks)**		
Face to Face		**Tel**		**Occupational Health Specialist**		**Force Medical Advisor**	
Completed by: (Name)				**Signature**			

The advice, guidance and suggestions on this case are offered to address the queries raised in the management referral to Occupational Health. The advice reflects the professional medical opinion of the clinician who wrote the report, based on the available information, and is not obligatory. Ultimately, it is the responsibility of Dyfed Powys Police to manage the employment situation and make the final decision on what can and cannot be accommodated in the workplace, based on what they consider is reasonably practicable and compatible with the needs of the business.