Disclaimer: The information contained in this document is provided for information only and does not constitute advice. Neither the consultant nor People In Aid accepts any responsibility for how you use the information and strongly recommends seeking suitable (legal) advice before implementing employment policy, as there may be specific legal implications in the countries in which you operate.
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Foreword by People In Aid

All organisations have a responsibility towards the health and well-being of their staff and should have effective policies which will support them should the need arise. For staff who experience serious and/or long term illness, such policies need to be sensitive in the way they balance the needs of such individuals with the needs of the organisation; for example, in terms of continuous service provision. International agencies must also cope with the added complexities of staff working abroad, often in difficult environments.

People In Aid

Introduction to the Policy Guides

Since its inception, People In Aid has been bringing together agencies working in the aid and development sector, to enhance the impact they make through better management and support of staff and volunteers.

This document is part of a People In Aid initiative, the ‘Policy Guidelines’, whereby agencies share their knowledge and experience of a particular issue in order to increase the quality of people management generally within the sector. It forms part of a bank of reference material on a range of people management themes. The material is categorised in three levels:

- Resource Sheets – one or two pages of references and sources of information
- Information Notes – slightly more detailed overview of a specific area of interest
- Policy Guidelines – more detailed documents offering guidelines on policy development

For those agencies which have no established policy we hope this document both prompts and assists you. For those agencies which already have a policy, perhaps the document will encourage a re-think in one or two areas, or a complete revision.

The following notes are not intended to give you an ‘off the shelf’ policy which you can immediately use within your own organisation. They do, however, offer you the thinking and experiences of other agencies in our sector and prompt you to assess how your own organisation, with its unique mission, values and resources, can best respond to your organisational and staff needs in this important policy area.

The People In Aid Code of Good Practice suggests that human resource policies benefit the organisation most when staff have been involved in their creation and are briefed on their use. In addition, effective policies require managers to implement them and monitor their effects.

We hope to be continually updating our policy guide documents. This relies on new knowledge and experience being relayed to us by you. Please e-mail us on info@peopleinaid.org with your contributions and comments.
Critical Illness: Introduction

Any organisation, whether or not they operate in the relief and development sector, should place a high value on the contribution made by each individual staff member and treat each one with the respect and equality of opportunity that they deserve. This is particularly true for those current or potential employees who have a critical illness, whose sense of self worth can be enhanced by working at their regular job, despite their diagnosis.

For anyone involved in the management of staff, dealing with personal issues such as illness can often be very emotive and difficult and it is therefore very important for an organisation to have relevant policies in place in advance of a situation arising to ensure fair treatment of all employees.

Principles 3 and 7 of the People In Aid Code of Good Practice in the Management and Support of Aid Personnel relate to the development of effective health and safety policies and procedures which provide equal opportunities for all staff (see below). Those agencies looking to implement Good Practice may find the following notes useful in understanding more about these matters and identifying a number of key issues to consider. They may also find of benefit the guidance notes on preparing a Critical Illness policy and list of useful resources.

NB In recent years, organisations have increasingly understood the need to address the issue of HIV/AIDS. We believe that it is unnecessary to separate AIDS from any other long-term illness and would encourage agencies to develop generic policies for all staff with a critical illness, which take HIV into account, rather than develop specific HIV/AIDS policies which may add to the stigma rather than reduce it. As such, the following notes relate to critical illnesses generally, but do include specific references to HIV/AIDS where appropriate. Additional information that relates primarily to HIV/AIDS can be found in Section 5. (See also the People In Aid Resource Sheet on HIV/AIDS for additional information sources on this subject).
Link to People In Aid Code Principles and Indicators

**Principle Three**  
**Managing people**

Good support, management and leadership of our staff is key to our effectiveness.

Our staff have a right to expect management which prepares them to do their job so we can, together, achieve our mission. Our management policies, procedures and training equip our managers to prepare and support staff in carrying out their role effectively, to develop their potential and to encourage and recognise good performance.

Indicators:

1. Relevant training, support and resources are provided to managers to fulfil their responsibilities. Leadership is a part of this training.
2. Staff have clear work objectives and performance standards, know whom they report to and what management support they will receive. A mechanism for reviewing staff performance exists and is clearly understood by all staff.
3. In assessing performance, managers will adhere to the organisation’s procedures and values.
4. All staff are aware of grievance and disciplinary procedures.

**Principle Seven**  
**Health, safety and security**

The security, good health and safety of our staff are a prime responsibility of our organisation.

We recognise that the work of relief and development agencies often places great demands on staff in conditions of complexity and risk. We have a duty of care to ensure the physical and emotional well-being of our staff before, during and on completion of their period of work with us.

Indicators:

1. Written policies are available to staff on security, individual health, care and support, health and safety.
2. Programme plans include written assessment of security, travel and health risks specific to the country or region, reviewed at appropriate intervals.
3. Before an international assignment all staff receive health clearance. In addition they and accompanying dependents receive verbal and written briefing on all risks relevant to the role to be undertaken, and the measures in place to mitigate those risks, including insurance. Agency obligations and individual responsibilities in relation to possible risks are clearly communicated. Briefings are updated when new equipment, procedures or risks are identified.
4. Security plans, with evacuation procedures, are reviewed regularly.
5. Records are maintained of work-related injuries, sickness, accidents and fatalities, and are monitored to help assess and reduce future risk to staff.
6. Workplans do not require more hours work than are set out in individual contracts. Time off and leave periods, based on written policies, are mandatory.

7. All staff have a debriefing or exit interview at the end of any contract or assignment. Health checks, personal counselling and careers advice are available. Managers are trained to ensure these services are provided.

8. In the case of staff on emergency rosters, managers should ensure that health clearance, immunisations and procedures for obtaining the correct prophylaxes and other essential supplies are arranged well in advance.

Definitions

Put quite simply a critical illness is one which could cause long term impairment potentially leading to death. In many cases people live with their illness for a sustained period and are able to continue to work, all be it with periods of absence or reduced performance at times.

Oxfam GB defines critical illness as:
“any on-going physical or mental medical condition, which is either acute and life threatening or chronic and leaves the staff member unable to carry out either all or part of the job for which they were employed, either temporarily or permanently, including any period of recuperation”

In some cases, the symptoms of a critical illness will have an immediate effect on an individual and their ability to continue with the usual responsibilities of their employment. However, in other situations, e.g. after AIDS is diagnosed, it may still be possible for an individual to continue work, perhaps for a number of years, and any definition of critical illness should reflect this.

Examples of critical illnesses include:

- Cancer
- Heart or Lung Disease
- Hepatitis
- HIV/AIDS
- Kidney or Liver Disease
- Malaria
- Meningitis
- Multiple Sclerosis
- Rabies
- Stroke
- Tetanus
- Tuberculosis

Legal Position in the UK

NB The information contained in the following section is provided as a basic outline only and does not constitute legal advice. People In Aid does not accept any responsibility for how you use the following information and strongly advises seeking proper legal advice before publishing a Critical Illness Policy within your own organisation.
Other countries also have enacted legislation related to the issues outlined in this document. People In Aid does not claim that the UK’s framework is the best, or the most appropriate to your situation, but we do feel it will give you an introduction to the issues involved.

In the UK, employers are required to provide a safe and healthy working environment under the Health and Safety at Work Act (1974), the Management of Health and Safety Regulations (1992) and other regulations. Employers must meet a number of requirements, including the provision of safety training; informing staff of risks; and improving safety arrangements.

Under common law, employers have a duty of care to provide a safe system of work, which includes provision of a safe and healthy working environment and ensuring employee competency. Employers must keep up to date with advances in medical knowledge and workplace processes. The duty of care also means the employer must ensure employees are fit for work – health screening and monitoring may be required. However, employers must also comply with the Disability Discrimination Act and the Access to Medical Reports Act:

**The Disability Discrimination Act (1995)**

This legislation makes it unlawful to discriminate against a disabled person in employment, unless the employer has a material and substantial reason. For example, if a health worker was restricted from performing exposure prone procedures, for the purpose of protecting patients from risk of infection, such restriction could justify discrimination. However, if an employer is aware that a staff member has a disability, they have a duty to make reasonable adjustments, e.g. by moving the health worker to a post, if available, where exposure prone procedures could be avoided.


Employers must meet the requirements of the Access to Medical Reports Act if they want a medical report for employment or insurance purposes. To do this, they should:

- Obtain written consent from the individual, who can state whether they wish to see the report.
- Inform them of their rights under the Act, including the right to refuse consent.
- Inform the doctor completing the report that the Access to Medical Reports Act applies.

The result of the test should go to the individual and to no one else unless consent has been given (except to another medical practitioner). The individual can add comments to the report before it is sent off, or can withhold the report from an employer or insurance company.

**NB** If the report contains the results of an HIV test, the individual’s GP should not be told of a positive result without consent, because they may be required to give medical information to insurance companies in future.
Issues to consider

When preparing a Critical Illness policy, the following action plan may be of use:

**Action Plan For Preparing A Critical Illness Policy**

<table>
<thead>
<tr>
<th>Legal Minimum Versus Good Practice:</th>
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<tr>
<td>▪ Will you implement only the basic requirements of any relevant law or extend the provisions to include employees or situations not legally covered?</td>
</tr>
</tbody>
</table>

>*The way an organisation responds to the needs of employees affected by cancer or other critical illnesses will have a huge impact, both on employee morale and on how attractive an organisation appears to potential employees.*

   CIPD guide: Cancer and working, guidelines for employees, HR and line managers

<table>
<thead>
<tr>
<th>Principles of a critical illness policy</th>
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<tbody>
<tr>
<td>It is important to remember that whilst a critical illness policy aims to provide a framework within which to manage staff who are critically ill fairly and sensitively, the lives of others are touched directly or indirectly by serious illness and everyone within the organisation has a part to play in working with it and through it.</td>
</tr>
</tbody>
</table>

The CIPD recommends that a good critical illness policy should act as a framework for all concerned and reflect the following 8 principles:

1. Respect the employee’s dignity and privacy
2. Maintain employee involvement and engagement
3. Ensure the employee suffers no financial detriment and is aware of the provisions available to them under their terms and conditions
4. Continue to provide employee benefits
5. Adopt a flexible approach
6. Continue to provide access to development opportunities
7. Provide employee information and support
8. Support the team affected by the employee’s situation

<table>
<thead>
<tr>
<th>Who is covered by the Critical Illness policy?</th>
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<tbody>
<tr>
<td>▪ Will the policy cover expatriate and national staff and extend to family members/partners?</td>
</tr>
<tr>
<td>▪ If so will there be a limit on the number of dependants that can be included?</td>
</tr>
<tr>
<td>▪ Do you have a clear definition of what constitutes a dependant?</td>
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<tr>
<td>▪ Will the policy cover staff on short term contracts as well as long term contracts?</td>
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<tr>
<th>Financial Implications of the Policy:</th>
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<tr>
<td>▪ What costs will be covered by your organisation and for how long? For example, how long will staff be entitled to sick pay and benefits?</td>
</tr>
<tr>
<td>▪ Will there be a ceiling on the costs per year which your organisation is willing to pay?</td>
</tr>
<tr>
<td>▪ Will this ceiling apply per individual employee or as a capped internal health fund managed on the basis that not all employees will claim?</td>
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</tbody>
</table>
Is it possible to extend cover by introducing an element of co-pay, i.e. the staff member makes a contribution towards the cost of their treatment

Will the organisation underwrite (i.e. self insure) or use a commercial insurance provider or a mixture of both?

Who has authority for agreeing whether a cost can be charged to the organisation or whether it should be a personal expense?

How should employees go about accessing and claiming expenses e.g. medical providers invoice the employer directly or employee pays then reclaims?

When the Illness was contracted:

How will the policy cover those employees who have a critical illness before they begin service?

What provisions have been made if an employee contracts a critical illness and it is deemed to be the fault of your organisation?

What will happen if your agency’s advice is not followed? For example, if you recommend that an individual returns to their home country and the advice is not followed, leading to a critical illness, what will be the organisation’s policy? Will they be covered by your insurance should they decide not to follow your advice?

Staff Involvement in the Critical Illness Policy:

Will staff be consulted when the critical illness policy is developed or reviewed?

How will staff be advised of the policy initially and in future?

Recruitment (internal and external):

Equal opportunity: how will applicants be made aware of the agency’s stance on equality of opportunity in selection, e.g. the only criterion for service is fitness for work?

How will applicants be required to prove their fitness for work? Will they be required to pass a medical assessment or obtain written documentation from a doctor, for example?

What risk assessment has been carried out for the programme/posting and what subsequent action has been taken? If a new programme is being set up, have local medical services been found to be available and reliable?

What health information/briefings do you give to job applicants about the country of posting? Is this information available to national applicants? For example:
- General health risks, including HIV/AIDS.
- Occupational specific risks, e.g. for health workers.
- Information on local medical care available.
- What the employer will do to reduce risks.
- What insurance cover is available? (See below.)
- What immunisations are required for the country of posting?

Testing: individuals should be made aware, as soon as possible, during the application process, of any testing that is contractually required. Candidates can then withdraw from the recruitment process without discrimination. For example, certain countries require an HIV negativity test certificate or a test on arrival in order to enter a country; an HIV test may be required by the employer’s insurance company.
Pre-assignment Training:

- What health training is available to staff before they start work? For example: basic first aid; what to do to minimise risk to themselves in an emergency situation; etc.
- Who will receive this training? E.g., expatriate staff, their families, national staff?

Insurance:

- Will your agency’s insurance policies (e.g., group life insurance, group travel insurance, permanent health insurance, personal life insurance) cover all critical illnesses, e.g., a HIV related illness?
- Will a claim lead to increased premiums and exclusion clauses for all staff in future? Will it cover local staff too?
- How does the policy’s cover differ for staff contracting critical illnesses while in post, as opposed to those with pre-existing conditions?
- If an insurance company insists on staff being tested for HIV, what is their procedure for informing the individual of the result? Will confidentiality be maintained?

(See the People In Aid Resource sheet for more information on providers)

Confidentiality:

- How will an individual’s confidentiality be maintained should they disclose details of a critical illness to, for example, their manager?
- How will an agency address the issue of confidentiality if they require medical advice from, e.g., the organisation’s doctor, in order to establish a person’s ability to continue work? (NB the Access to Medical Records Act, applicable in the UK, see Section 3.)
- Should testing for a critical illness be required, e.g., for entry into a country or for insurance purposes, how will the testing process be administered in order to maintain confidentiality, particularly if an individual is found to have a critical illness, e.g., HIV? For example, could an HIV test be undertaken as part of a wider health check, testing for a number of different conditions?

Support for those with a Critical Illness:

- Who should an employee contact if they wish to disclose a critical illness, e.g., manager, personnel, health advisor?
- How will you encourage them to disclose a critical illness in order to receive available support?
- What support mechanisms, if any, should be in place for those who make their organisation aware of their critical illness?
- What access will they have to medical advice, treatment, counselling?
- What training and support is available to your HR staff and line managers to equip them to deal with a disclosure and the subsequent actions they need to take.

Flexible Working Arrangements:

- Will the organisation be able to respond flexibly to the needs of a staff member who has a critical illness? For example, if someone has frequent absences from their work, are other staff trained up to ensure vital tasks continue to be done?
- If someone is HIV positive and therefore unable to work in a particular country, will it be possible to offer them an alternative post if possible?
• Part time working is relatively rare in the locations where many INGO’s operate. What arrangements can be offered that are both workable and practical for both employer and employee in your contexts?

**Location of Treatment:**

- Who is responsible for deciding where an individual will receive treatment for their critical illness?
- Are clear criteria available to help choose appropriate providers?
- How practical is it to provide treatment away from the operating base i.e. nearest capital city or even nearest location outside the country?

**Travel with a Critical Illness:**

- What provisions will be made for staff with a critical illness who need to travel in order to carry out the responsibilities of their job?
- How will confidentiality be maintained should an HIV positive member of staff be required to travel to a country where HIV negativity is an entry requirement?

**Medical Equipment:**

- What medical equipment will be provided by the organisation and to whom, in order to reduce the risk of contracting a critical illness? For example:
  - a first aid kit, (including waterproof plasters, disposable gloves);
  - an ‘AIDS Kit’, (including sterile needle and syringe, sterile dressings, sterile giving-sets (for intravenous drips) and sterile suture equipment);
  - plasma expander (an artificial blood substitute);
  - good quality condoms (if none are available locally).
- Who will be able to access medical equipment held by the organisation? Will it be available for staff, their families, others in need?
- Who will be responsible for maintaining and updating stores?
- What reasonable workplace adjustments can be expected of any employer to accommodate disability as a result of critical illness?

**Support for Managers Implementing the Critical Illness Policy**

- Who is responsible for implementing the policy?
- What training will be provided for managers and other staff, involved in operating the policy?
- Will such training include information on critical illnesses which are prevalent in the locality, e.g. HIV etc as well as more generic illnesses, e.g. cancer?
- Will managers also be trained to deal with discrimination among colleagues or other employees?
- Will managers be given training in counselling techniques in order to cope with issues relating to the illness of colleagues, as well as the needs of sick or bereaved staff and those caring for dependents or relatives?
- How will managers be trained to cope with difficult staff situations, e.g.:
  - Frequent requests for time off for sickness;
  - Requests for time off to care for dependents;
  - Frequent requests for time off for funerals;
  - Requests for additional money for health care, dependents and funeral expenses;
  - Rumours and discrimination because of an actual or suspected critical illness, e.g. HIV infection.
What support will the organisation give to managers coping with critical illness within their team? For example, regular meetings with other managers and/or specialists to discuss difficult issues.

Training:
- What training should be provided to staff generally regarding critical illnesses and how will this be provided if staff are working in remote locations?
- Will training be available for expatriate and national staff?
- How will national staff training be made culturally appropriate?
- Will training be provided internally or outsourced to local training providers?

Discrimination and Discipline:
- How will you ensure that your critical illness policy and practices are non-discriminatory? For example, to ensure that no member of staff who has a critical illness is victimised by colleagues; that they have the same career opportunities; that dismissal, if required, is fair etc.
- Does your disciplinary procedure accommodate discrimination against someone with a critical illness? For example, what level of disciplinary action would be taken if an employee is found to have victimised someone with a critical illness; has failed to maintain confidentiality regarding a critical illness; or refuses to work with someone with a critical illness, e.g. AIDS?

Debriefing and Exit Interviews:
- What health checks and counselling will be made available at the end of an assignment? Who will be entitled to these services, e.g. expatriate staff, their families, national staff?
- HIV testing and counselling. Will this be offered to individuals as part of an end of assignment health check? (NB HIV screening for all staff is, according to InterHealth, “neither useful nor justified”, because of the delay in an infected individual testing positive; the fact that they could become infected immediately after the test; and because infection can have very little or no affect on an individual for many years.)

Links to other policies:
- Are there any other policies or practices within your organisation which need revising in line with the critical illness policy? For example:
  - Disciplinary procedure (see above)
  - Sick pay and policies, including the cost of medical bills.
  - Policies on requests for time off for funerals or assistance with funeral costs.
  - Policies on time off for carers.
  - Policies on death benefits and benefits to dependents of employees who die in service (NB the beneficiary should be nominated in a legally acceptable way in advance.)
  - Any other health and safety policies which could avoid critical illnesses from occurring, e.g. accident prevention.
Specific information relating to HIV/AIDS

In the worst affected areas of the world, as many as one in four employees may be Human Immunodeficiency Virus positive (HIV+). Organisations, therefore, may wish to pay particular attention to how they address the issue of HIV/AIDS in the following areas:

### Information for potential and actual staff:

Specific information about HIV/AIDS is especially important for staff who are working in, or considering a posting to, a country with a high rate of HIV infection. For example, staff should be aware of:

- The risks of sexual transmission and how to reduce them, e.g. safe sex, use of condoms etc.
- Possible occupational risks, e.g. for health workers.
- The level of medical care available locally, e.g. where to obtain safe blood, and the risks of blood transfusions.
- Insurance cover and what are the possible future consequences of being HIV positive.
- Who to contact in an emergency.
- The increased risks to certain groups of people:
  - Those needing an operation;
  - Those with an alcohol problem, i.e., those who drink and drive have a higher risk of an accident and therefore of requiring a blood transfusion;
  - Pregnant women, who have an increased risk of requiring a blood transfusion during childbirth;
  - Those with blood disorders who may need blood products;
  - Those who are already HIV positive.

### HIV Testing:

- Employees may need to be tested for HIV in order to enter certain countries or if required by an insurance company. (Please see sections on Recruitment and Insurance in the Action Plan above and details of the Access to Medical Reports Act in Section 3.)
- Your agency may also wish to offer employees the opportunity to take an HIV test, particularly if an incident occurs, e.g. rape, needle injury or another type of blood injury. Such a testing service should be carefully checked by an agency to ensure that it will provide suitable counselling and after care, if an individual tests positive. If the quality of testing facilities cannot be confirmed locally, agencies should consider sending individuals to another country to be tested.
- It is in your interest to clarify whether the worker was infected before an incident occurred and as such, a test should be carried out as soon as possible after the incident, and, if negative, again at 12 weeks and six months.
- HIV testing should not be carried out without counselling, to ensure that the individual understands the consequences of taking the test and the implications of a positive result.

---

Specific Policy Issues:

- **Condoms**: Should these be provided by your organisation if good quality condoms are not available locally?
- **Blood Transfusions**: can making improvements to your accident policies reduce the risk of requiring a blood transfusion? For example, to reduce the risks involved in road traffic accidents you could: make it compulsory to use vehicle seatbelts and motorcycle helmets; prohibit employees from drink driving; or using a mobile phone whilst in a vehicle; discourage driving with fatigue; improve levels of vehicle servicing etc.
- **Blood Grouping**: How accessible is information about an employee's blood group? Is it kept easily accessible at work or should each individual keep their blood group details with them at all times?
- **Pregnancy and childbirth**: Should your agency’s policy be that pregnant woman return to their home country to give birth in order to avoid the risk of requiring a blood transfusion during childbirth? What about local staff? Could you give them information on where blood is screened? Would the employer be willing to incur any additional costs that this might incur?
- **PEP (post-exposure prophylaxis)**: Should your agency keep a supply of PEP in case of exposure to infection?

Guidance Notes on how to Prepare a Critical Illness Policy

Please see Appendix 1 for an example of how the issues raised in the above sections can be incorporated into a critical illness policy.

Implementation

The way in which you implement and publicise your policy will depend on the culture and communication norms of your organisation. We have therefore not attempted to offer a “one size fits all” good practice implementation guide, suffice to say that clear communication and the opportunity to ask questions or involve staff in a discussion around the subject and its application within their operational context, as well as in the development of the policy itself, will help to raise awareness and understanding of the issues.

References and Resources

The following organisations may provide further helpful information on critical illness:

- Association of British Insurers
  51 Gresham Street, London EC2V 7HQ. Tel: 020 7600 3333
- Hospital for Tropical Diseases
  4 St Pancras Way, London NW1 0PE. Tel: 020 7387 4411
- InterHealth
  157 Waterloo Road, London, SE1 8US. Tel: 020 7902 9000. [www.interhealth.org.uk](http://www.interhealth.org.uk)
- London Lighthouse, (counselling, support training programmes),
  111-117 Lancaster Road, London, W11 1QT. Tel: 020 77921200.
- Terence Higgins Trust,
  52-54 Grays Inn Road, London, WC1X 8JU. 020 7 8310330. [www.tht.org.uk](http://www.tht.org.uk)
Appendix 1 – Guidance Notes on how to Prepare a Critical Illness Policy

The following template offers an outline for a critical illness policy and incorporates information from the CIPD Cancer policy template as well as good practice within the INGO sector. It is aimed at employees who are diagnosed with a critical illness, but also covers the organisational approach to dependants who are diagnosed with an illness and/or become carers for someone with a critical illness.

Introduction
Could include:

- What the policy is about and who is covered by it
- The responsibility of the organisation to those with a critical illness, possibly quoting any applicable legislation.
- Why it is an important issue to your organisation.
- A statement on equal opportunity and employment status for those with a critical illness.
- How the policy will be updated and how regularly: e.g., in consultation with staff, when new medical information is available etc.

Principles
Could include:

The guiding principles underpinning the policy and frameworks within which critical illness will be managed and measured against.

Discrimination
Could include:

A statement of policy regarding discrimination and links to equal opportunities policy and other organisational policies aimed at ensuring equality of treatment in the workplace e.g. anti-harassment and bullying, disability discrimination

Authority for Critical Illness Policy
Could include:

- Who has overall authority for the policy.
- Who has authority for implementing the policy at team level, e.g. to authorise leave, changes to duties etc.

Scope of the Critical Illness Policy
Could include:

- A definition of a critical illness.
- Staff who will be covered by the policy: e.g., expatriate and/or national staff; family members/partners; short term and/or long term staff.
- When the critical illness was contracted, e.g. before or during service, and how the policy covers each situation.
- Countries which have entry requirements which relate to critical illnesses, e.g. HIV.
Recruitment (internal and external)
Could include:

- What information will be available to those applying for a position (new applicants and current staff) in terms of health risks associated with the post, immunisations required, local medical facilities and medical testing etc.

Disclosure of a Critical Illness
Could include:

- An encouragement to disclose a critical illness in order to benefit from organisational support.
- Who to disclose details of a critical illness to, e.g. manager, health advisor etc.
- Confidentiality: how the matter will be kept confidential within the organisation, e.g. that disclosure of the condition to a third party will not take place without the individual’s consent.

Support for those with a Critical Illness
Could include:

- Support provided by the organisation, e.g. access to medical services, information, counselling etc and where that support can be obtained.
- Information regarding impact, if any, on benefits, e.g. pensions and any time off arrangements.
- Time off during or after treatment e.g. extended periods of absence, staying in touch
- Any flexible working arrangements, e.g. alternative postings, job sharing, changes to travel requirements, etc.
- Disability caused by the illness e.g. impact on return to work, reasonable adjustments to work schedule and work place
- That victimisation or harassment by others will not be tolerated by the organisation and what disciplinary steps will be taken against someone involved in such an activity.

Financial Implications
Could include:

- What costs will be covered by the organisation and who has authority for such decisions.
- How to accesses financial support

Insurance Provision
Could include:

- How to get further information about the organisation’s insurance policies in relation to a critical illness.
- Any testing which the insurance companies may require and how confidentiality will be protected.
Support for All Staff

Could include:

- What support will be provided to the colleagues of a critically ill employee, e.g. information about the condition, counselling.
- What general training will be available for staff regarding critical illnesses and how will this be provided, e.g. if staff are working remotely.

HIV/AIDS

Could include:

- Those particularly at risk, e.g. those requiring blood transfusions.
- How to access information about reducing the risks of becoming HIV positive.
- Access to good quality condoms, e.g. provision by the agency?
- Where medical information, such as blood group, and equipment should be located, e.g. in the office, carried by an individual.
- Childbirth: advise on location, e.g. return to home country, reputable local services etc.

Debriefing/Exit Interview

Could include:

- What health checks and counselling will be available and to whom, e.g. expatriate staff, national staff, family members/partners.
Appendix 2 - Sample Critical Illness Policy

RELIEF AID* - Critical Illness Policy

Date of Policy Issue:
Issue Number:
Date of Policy Review:

* Fictitious agency

Introduction

Relief Aid believes it has a responsibility to provide help and support to any employee who is affected by a critical illness and to assist them to be able to continue to work as long as they are physically and mentally able to perform duties without undue risk to themselves or their colleagues.

This policy has been designed to support employees who are diagnosed with a critical illness and those who manage them. It also covers our approach to employees who have a dependent diagnosed with a critical illness and/or become a carer for someone diagnosed with a critical illness.

Critical illness is defined by Relief Aid as being any on-going physical or mental medical condition, which is either acute and life threatening or chronic and leaves the staff member unable to carry out either all or part of the job for which they were employed, either temporarily or permanently, including any period of recuperation.

Examples of critical illnesses could include:

Cancer  Stroke
Heart or Lung Disease  Kidney or Liver Disease
Malaria  Rabies
Tuberculosis  Meningitis
HIV/AIDS  Tetanus
Hepatitis  Multiple Sclerosis

Principles

Relief Aid will take reasonable and practicable steps to support staff with a critical illness in line with the following principles and local labour law:

1. Respect for the employee’s dignity and privacy
   Relief Aid will respect the privacy of any employee affected directly or indirectly, via close family or friends, by a critical illness. Subject to any local legal requirements, no sensitive information of any kind will be shared with anyone without the employee giving prior consent.
2. **Maintaining employee involvement and engagement**  
   Relief Aid will make every reasonable effort to communicate with the employee during any absence from work, and reassure them that, they have continuous employment in the same or comparable position as far as practicable.

3. **Ensuring the Employee suffers no financial detriment**  
   To the best of its ability Relief Aid will ensure that salary and benefits are maintained and increased as laid down by HR policy as if the employee were not affected by their illness.

4. **Continuing to provide employment benefits**  
   Relief Aid will work with the employee to ease the stress of any issues related to insured benefits offered at the time by us, such as medical insurance.

5. **Adopting a flexible approach**  
   Managers should endeavour to structure the employee’s work schedule and workload in such a way that it gives the employee maximum flexibility to manage their medical treatment and related needs, while maintaining effectiveness and efficiency at work.

6. **Continuing to provide access to development opportunities**  
   The employee should continue to have access to any appropriate professional development opportunities that would have been available, subject to their availability to attend.

7. **Providing information and support to the employee**  
   Relief Aid will make every reasonable effort to help the employee and dependents to link in to locally available resources, information and support in relation to their illness.

8. **Supporting the team affected by the employee’s situation**  
   Managers should remain sensitive to the impact on colleagues and provide practical support where necessary.

**Discrimination**

Relief Aid will not discriminate against any qualified employee or job applicant with respect to any terms, privileges, or conditions of employment because of a person’s physical or mental disability.

Staff affected, or believed to be affected, by a critical illness have the right to be protected from discrimination by co-workers, the employer, clients, members of the public and partner organisations.

A member of staff who has a critical illness is subject to the same disciplinary procedures as all other staff members, including misconduct related to Health and Safety.

Grievance procedures should be followed in cases where staff believe they have been unfairly treated as a result of a medical condition.

**Authority for Critical Illness Policy**

The HR Director has overall responsibility for the critical illness policy and will determine the nature and extent of the policy along with any amendments and
exceptions over time. Consultation with representative stakeholders will inform policy development.

Managers have responsibility for ensuring the policy is implemented sensitively and appropriately for their local context.

All staff are responsible for working in a manner that does not discriminate and is sensitive to the health needs of colleagues.

Staff suffering from a critical illness have a responsibility to inform their manager and take reasonable steps to seek treatment and maintain their fitness for work as far as possible and practicable.

**Scope of the Critical Illness Policy**

This policy applies to all employees of Relief Aid and recognised dependents as defined and amended from time to time by Relief Aid. See staff handbook for definition. Relief Aid will aim to be as flexible in its approach as the real time business constraints and local context will allow.

Pre-existing medical conditions are excluded from this policy. The only exception is HIV/AIDS where Relief Aid will extend this critical policy to cover staff and dependants diagnosed prior to commencing employment.

**Recruitment (internal and external)**

Relief Aid recruitment policy and procedures should be followed for all vacant positions and all candidates will be considered on the basis of their abilities and merits in relation to the requirements of the job.

**Pre-Employment Medical Screening**

All contracts are offered subject to satisfactory medical reports confirming that the candidate is fit to undertake the role. All prospective staff and dependants should follow the agreed pre-employment and pre-deployment medical clearance procedure where appropriate. This applies equally to staff who are recruited internally to a post which involves travelling, relocating to a new environment or work of a nature for which they have not already been medically cleared. This may involve one or more of the following:

- Completion of a pre-employment medical questionnaire
- Attendance for a medical examination with a Relief Aid approved physician
- In some locations in which Relief Aid employs staff, the issuing of work permits/visas may be subject to an individual undergoing an HIV/AIDS test. In these exceptional circumstances, applicants will be briefed accordingly. If the applicant chooses to take the HIV test, this will be an arrangement between them and the potential host government and the results will be considered confidential between those parties.

Should the applicant choose not to take the test, or fail to meet the requirements of the host government, Relief Aid may consider re-deployment to another post, where appropriate, or withdrawal of the job offer.
Where pre-employment medical screening indicates the presence of a critical illness consideration will be given to the extent to which this prevents the person from undertaking their role and/or whether the nature of the work would cause undue risks to their health. In either of these circumstances the appointment will not be confirmed. Consideration will, however, be given to making reasonable adjustments to the work place to enable the person to take up the post, including re-deployment to another location, if appropriate.

**Disclosure of a Critical Illness**

If you discover that you are suffering from a critical illness or you are supporting a dependant with such an illness you are encouraged to speak with your manager or HR contact. Whilst you are not obliged to inform Relief Aid about your medical condition, by doing so they can put in place support appropriate for your situation under the terms of this policy and ensure that you have access to the relevant occupational benefits.

All medical information concerning employees and dependants will be kept confidential at all times and should not be disclosed without their written consent subject to local legal requirements. Failure to maintain confidentiality could be considered a disciplinary matter.

**Support for those with a Critical Illness**

Staff with a critical illness will be expected to continue to work under normal conditions in their current employment for as long as they are medically fit to do so. If they cannot continue in this employment on medical grounds, every effort will be made to offer alternative employment without prejudice to occupational benefits.

Relief Aid will take all reasonable steps to provide information, counselling and lifestyle advice within the work location for staff and their dependants.

All reasonable efforts will be made, within the constraints of business activity, to accommodate reasonable time off for treatment and recuperation and to offer flexible work arrangements. Details of all leave provision can be found in the staff handbook under leave entitlements.

The Manager should make appropriate arrangements to keep in touch with staff when they are absent from work for extended periods both in terms of their individual health and also to communicate developments more generally in the workplace.

A reintegration plan should be draw up and put into practice to support return from longer term absence. This should include a fitness and workplace assessment leading to reasonable adjustments to work schedule or workplace if required. Reintegration may involve a phased return over an agreed period.

Consideration will be given to redeployment to a different job if appropriate and available, for example, from a high stress, fast paced humanitarian programme to a longer term development programme.

In some locations where there is a high incidence of critical illness the country manager may propose additional or extended leave arrangements via a business case which outlines how work can be structured to accommodate the additional demands of carer responsibility, attendance at funerals, regular or extended
absences etc. Such business cases will be submitted to the HR Director for consideration on a case by case basis.

Financial Implications and insurance provision

Staff with a critical illness will continue to receive salary and benefits in line with their contract of employment and wider HR Policy.

They will be entitled to the same sick leave provisions as all other staff, and those on employment contracts which include medical benefits will have the same access to medical treatment/costs (within the same parameters and up to the agreed financial limits) as other staff on similar contracts subject to any exclusions for pre-existing conditions or local labour law.

<table>
<thead>
<tr>
<th>Length of Service</th>
<th>Sick Pay Entitlement</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3 months</td>
<td>up to 2 weeks full pay</td>
</tr>
<tr>
<td>4-12 months</td>
<td>up to 4 weeks full pay</td>
</tr>
<tr>
<td>1-3 years</td>
<td>up to 13 weeks full pay, up to 13 weeks half pay</td>
</tr>
<tr>
<td>3-5 years</td>
<td>up to 22 weeks full pay, up to 22 weeks half pay</td>
</tr>
<tr>
<td>Over 5 years</td>
<td>up to 26 weeks full pay, up to 26 weeks half pay</td>
</tr>
</tbody>
</table>

Relief Aid offers medical benefit via a commercial provider in the majority of locations in which it employs staff. Details of the scheme are available from your manager or HR contact. In addition, Relief Aid self insures in locations where commercial provision is either not available or is cost prohibitive. Where this is the case the provision offered shall be within given parameters via locally recognised providers using an approved provider model and shall endeavour to offer equivalence as far as locally possible, practicable and affordable to that provided by the commercial insurer, including any co-pay arrangements.

Support for All Staff

All induction programmes should contain relevant briefing material on the public health risks associated with the specific operating base.

Relief Aid will support local educational programmes to enhance employee awareness and understanding of critical illnesses and how to support colleagues and family who may be ill.

HIV/AIDS

Relief Aid will provide:

- HIV/Aids tests on request including counselling. Should a member of staff test positive then provision for treatment under the medical benefits policy will made available
- Free condoms – provision to be made in each office in a culturally appropriate manner.
- Advice and links to local advisers on HIV/Aids related matters e.g. advice to pregnant women; those requiring blood transfusions etc.
Relief Aid will consider continuing provision of ARV treatment, after employment terminates to minimise negative impact of breaks in treatment. This will be for a period of up to 6 months or until the ex-employee moves into new employment, whichever is the sooner.

**Debriefing/Exit Interview**

All international staff and their dependants will receive an end of contract medical examination as part of their debrief.

All staff should receive advice on where they can access support and assistance for their illness or that of their dependants once their employment terminates.

Visit the web-based People In Aid member resource site for examples of current Health & Safety policies.

**The People In Aid Policy Bank:** [http://www.peopleinaid.org/resources/policybank.aspx](http://www.peopleinaid.org/resources/policybank.aspx)

A number of **Resource Sheets and Information Notes** on related topics can be found on [http://www.peopleinaid.org/resources/publications.aspx](http://www.peopleinaid.org/resources/publications.aspx)