



**Karolinska
Institutet**

Guidelines for work-oriented rehabilitation

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Guidelines for work-oriented rehabilitation

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1. Introduction

An employer's work environment responsibilities include having an organised structure for work adaptation and rehabilitation and also adapting working conditions to the different physical and psychological circumstances of the employees. As an employer, Karolinska Institutet (KI) has responsibility for rehabilitation for all employees throughout their term of employment. The responsibility for work adaptation and rehabilitation also includes doctoral students employed on doctoral studentships. In order for KI to be able to fulfil its statutory responsibility for rehabilitation, the delegation rules of the President are applied whereby, among other things, responsibility for the actual rehabilitation work at the individual level is allocated to the heads of department/equivalent. It is also possible for heads of department to further delegate this responsibility to subordinate managers.

The employer is obliged to conduct effective rehabilitation work and to implement the work adjustments and rehabilitation efforts required to facilitate the return of a sick-listed co-worker to work.

2. Prevention work

It is important to work proactively to prevent ill health and to identify early signs of ill health among co-workers so as to prevent sickness absence. This applies in particular to the issue of mental ill health in the workplace, such as stress-related disorders and exhaustion. Early signals can be identified within the continuous and daily contact and in the dialogue between the managers and co-workers, in performance management dialogue, staff meetings, co-worker surveys, and in contact with the Health Promotion Unit at KI or the Occupational Health Service. Early signs of ill health in the workplace can also be identified through systematic work environment management involving the examination of the work environment, an assessment of the risks of ill health, and the implementation and follow-up measures. When a co-worker shows signs of ill health, the employer shall investigate if and how their duties can be adapted to avoid increased ill health and sick-listing.

At the same time, the employer should offer preventive rehabilitation measures and support through the Occupational Health Service. Preventive measures include doctor's visits, conversations with a psychologist or behaviourist, or meetings with another specialist. KI offers co-workers fitness reimbursement and the opportunity to engage in health promoting activities for one hour per working week. There is also the possibility of applying for preventive sickness benefit for employees from Försäkringskassan (Swedish Social Insurance Agency) to prevent or shorten a period of illness. See [Preventive sickness benefit for co-workers](#)

3. Early rehabilitation measures

The employer should start implementing rehabilitation measures as early as possible to help the co-worker return to work. This means establishing early contact with the co-worker who has become sick-listed, or as soon as the co-worker's health condition allows, and convening an initial rehabilitation meeting. It may be advisable to initiate first contact for a status assessment when a co-worker has been ill for more than eight days and a medical certificate has been received, but not later than day 15 of the period of sickness. The appropriate time to make first contact depends on the co-worker's health condition.

Work adaptation and rehabilitation are to be organised so that this can be done in cooperation with the co-workers affected by the measures, as well as with their representative in work environment issues. With regard to the adaptation and/or rehabilitation measures that are to be taken during the rehabilitation process, it is the employer that ultimately decides on these.

If rehabilitation measures lead to a more significant change in the working or employment conditions for a co-worker, cooperation must take place with the relevant union organisation well in advance of the measure being implemented.

3.1 Establishing a plan for returning to work

The relevant manager is responsible for initiating and drawing up a plan for returning to work in consultation with the employee, primarily so that the co-worker can return to their regular work. In this respect, the Occupational Health Service can be involved as support and assistance in the assessment of work capacity and the measures that need to be implemented. The plan is to be established within 30 days of the beginning of the sick-listing when the co-worker is expected to be absent from work for at least 60 days. This applies to both full-time and part-time sickness absence. Försäkringskassan may request the employer's plan for returning to work. The employer is then obliged to submit an up-to-date plan to Försäkringskassan.

The employer's plan for returning to work is to be based both on the information in medical certificates, i.e., the assessment of the sick-listing/treating physician, and on the dialogue between the manager and the co-worker. The co-worker needs to communicate their need for support and measures to facilitate their return to work, while the responsible manager assesses the measures to be taken. The plan specifies what rehabilitation measures and/or work adjustments the employer will implement to enable the co-worker's return to work. The plan is to be continuously followed up in connection with the rehabilitation meetings between manager and co-worker, and is to be updated as necessary to ensure that there is always a current plan.

A plan for returning to work can be drawn up with the help of HR at the department or through engaging a rehabilitation coordinator at the Occupational Health Service, the cost of which is covered by the department/equivalent itself. The HR Office within the Central Administration can also be consulted. However, it is always the co-worker's manager who has ultimate responsibility for the plan as a basis for the rehabilitation.

There are advantages to also establishing a plan for returning to work in the case of periods of sickness shorter than 60 days, as it may be necessary at an early stage to implement work adjustments at the workplace and various rehabilitation measures to prevent ill health. A plan shall also be established when a co-worker has been ill on six occasions or more during the last 12-month period, if a co-worker is repeatedly absent due to sickness for unclear reasons, or if the co-worker themselves requests a plan.

3.2 Procedures and documentation

The employer is to have an organised structure for work adaptation and rehabilitation and there are to be procedures in place for this. It is important to clearly state which procedures apply to work adaptation and rehabilitation, as well as who does what during the process.

Throughout the period of sickness, the employer shall call the co-worker to regular rehabilitation meetings where the plan for returning to work will serve as the starting point for these meetings. The rehabilitation meetings usually need to be held more frequently when the co-worker first returns to work and in conjunction with the co-worker gradually increasing their working hours, e.g., from 25 to 50 per cent.

If the co-worker is occasionally unable to participate in individual meetings due to their health condition, assessment can take place using another appropriate mean of communication.

The employer, i.e., the responsible manager, is to monitor how the return to work is going and whether the rehabilitation measures and work adjustments that have been implemented have the intended effect and facilitate the return of the co-worker. At the same time, the employer needs to decide whether the co-worker needs further rehabilitation measures, adjustments or support.

All rehabilitation meetings shall be documented. The documentation can be relatively brief in its content, but it should be clear what has been concluded in the meeting, how the return process is going and if there is a need for further measures. In addition, phone calls and any e-mails are to be documented if they contain information of relevance to the rehabilitation. If it becomes necessary to investigate the possibilities of a transfer, this investigation shall also be documented.

It is crucial that the entire rehabilitation work is documented to enable the employer to prove that it has fulfilled its responsibility for rehabilitation. This is especially important if it turns out that the co-worker cannot return to their regular duties or any other work at KI after all rehabilitation and work adaptation possibilities have been exhausted.

4. The rehabilitation chain

The rehabilitation chain is regulated in the Social Insurance Code in order to best utilise the work capacity of persons in their employment or in work on the labour market. Försäkringskassan's caseworker assesses the work capacity of the person seeking sickness benefit in order to decide whether they are entitled to compensation (sickness benefit). The right to sickness benefit is assessed at set points in the so-called rehabilitation chain. A person who is fully or partially sick-listed is expected to be rehabilitated and have returned to work within 365 days. The rules associated with health insurance therefore result in the employer commencing the rehabilitation work as early as possible during the sick-listing, in order to facilitate the employee's return to work.

4.1 Day 1 – 90 of the rehabilitation chain

Försäkringskassan assesses the right to sickness benefit during the first 90 days (from day 15) and whether or not the sick-listed person can perform their regular work or any other work provided by the employer.

The responsible manager is to initiate rehabilitation measures as early as possible. The manager shall ensure that adjustments to the work are made to the extent possible or offer other temporary duties to facilitate the return to work. Adaptation of work may relate to the workplace, the work environment or the content of the work, such as the delineation of work tasks and/or adjustment of working hours. The employer shall designate a person at the workplace who is responsible for following up the return to work with the co-worker. It should preferably be the co-worker's immediate manager or the doctoral student's supervisor.

The employer can cooperate with the Occupational Health Service for various measures and, if necessary, engage a rehabilitation coordinator from the Occupational Health Service. It may also be appropriate for the employee to participate in measures/activities at the Health Promotion Unit at KI that concern health and lifestyle.

4.1.1 If returning to regular work is not possible

If it is clear early on that the possibilities of adapting the regular work are exhausted and the employee cannot return to their regular work, the employer shall investigate the possibility of transferring the person to another position at the institution or within the entire KI. An enquiry into a transfer may therefore be advisable already during the first 90 days of the sick-listing. If the co-worker wishes and agrees with their manager, there is the option of participating in career planning or a career change programme at KI. Arbetsförmedlingen (the Swedish Public Employment Service) is to be contacted if it is already clear at this stage that all possibilities for rehabilitation and returning to work at KI are exhausted.

4.1.2 Work training via Försäkringskassan

Work training means that the sick-listed person has the possibility to first train their work ability in order to be able to return to work at a reduced rate, usually starting at 25 per cent of full-time work. A person engaged in work training is not to be considered a regular member of the workforce as the purpose is specifically to train their work ability. Work training can involve regular work/tasks or new work tasks provided by the employer and can be simultaneously combined with work adjustments and/or assistive devices. Work training can only be done if applied for and approved by Försäkringskassan. The co-worker may be granted rehabilitation allowance during the work training. See [Work-oriented rehabilitation](#)

4.1.3 Assistive devices during rehabilitation

An employer can apply for an allowance for assistive devices from Försäkringskassan in order to facilitate an employee's rehabilitation and return to work. The application can also refer to a co-worker who has a documented disability and needs assistive devices to perform their work. See [Allowance for assistive devices](#)

4.2 Day 91 – 180

From day 91 onward, Försäkringskassan will assess the right to sickness benefit in relation to whether the employee can perform any other work provided by the employer. If returning to work with the employer is not possible, Försäkringskassan will assess the person's work capacity in relation to all existing jobs in the labour market.

4.2.1 Investigate the possibilities of a transfer

It is important that an enquiry into a transfer is conducted as early as possible if it is clear that the co-worker will not be able to return to regular work at their department. The department/equivalent will then investigate the possibilities of a transfer to another position based on vacancies at the department/equivalent. The department's/equivalent's responsibility for the rehabilitation of the co-worker remains until a transfer enquiry is completed and it is established whether it is possible to transfer the co-worker to another position at the department. If it is clear that there is no possibility of transferring the co-worker within the department, the Negotiation Unit at the HR Office can be contacted regarding a resettlement investigation within the entire organisation of KI.

If the co-worker will not be able to return to work with the employer before day 180, the co-worker may be offered contact with Arbetsförmedlingen. If Försäkringskassan does not grant sickness benefit, the co-worker should immediately register with Arbetsförmedlingen as a jobseeker in order to be entitled to further compensation. A co-worker may, up until day 180 of the sickness period, seek new work without the right to sickness benefit being suspended. During this period, the department/equivalent still has responsibility as an employer in relation to the co-worker.

4.2.2 Right to try other work tasks during the period of sickness

An employee is entitled to take a leave of absence from their job in order to try other work if the employee – due to sickness – has had a reduced work capacity for a period of at least 90 days and if this person signs an employment contract with another employer between day 91 and day 180 of the sickness period. The employee has the right to take a leave of absence to try other work for a maximum of twelve months, including the period of sickness mentioned above.

4.3 Day 181 – 364

From day 181 onward of a period of sickness, Försäkringskassan will assess whether the co-worker can do any work elsewhere in the labour market. If Försäkringskassan assesses that the insured party can handle other work in the labour market, sickness benefit will not be granted. A situation where sickness benefit is not granted entails major psychological stress for the person who is sick-listed and can make rehabilitation more difficult for both the co-worker and the employer. The employer must therefore start the rehabilitation work early, establish a plan for returning to work, hold continuous rehabilitation meetings and implement various adaptation and rehabilitation measures to, as far as possible, facilitate the return of the co-worker to work. For the co-worker's part, they are obliged, depending on their health condition, to actively participate in their own rehabilitation to the greatest extent possible.

4.4 Day 365 – Application for continued sickness benefit

From day 365 onward, Försäkringskassan assesses the individual's work capacity in relation to all existing jobs in the labour market. Exceptions can be made if it is unreasonable to assess the co-worker's work capacity in relation to the entire labour market. From day 365, the employee can apply for sickness benefit at the continuation level or at the normal level if it concerns a very serious medical condition.

4.5 Exceptions from the time limits in the rehabilitation chain

The time limits in the rehabilitation chain can be waived if Försäkringskassan considers a person to be very likely to be able to return to work with their employer within one year of the first day of sick-listing. The work capacity then continues to be assessed in relation to the work at the employer's workplace even after day 180. The time limits also do not apply if it can be considered unreasonable to assess a person's work capacity in relation to work in the normal labour market.

It is crucial that there is a plan for returning to work. It should be clearly stated that following further medical treatment or rehabilitation, the co-worker will be able to return to work with the current employer.

4.6 If sickness benefit is not granted

If Försäkringskassan does not grant continued sickness benefit and the co-worker cannot return to any work/position at KI, the responsibility for the co-worker's rehabilitation remains with the department/equivalent until the employer has reached a solution. The co-worker should contact Arbetsförmedlingen and register as a jobseeker to be entitled to compensation from the unemployment benefit fund (a-kassa).

The co-worker may also request that Försäkringskassan's decision be re-examined.

5. When has the employer fulfilled its responsibility for rehabilitation?

In order for the employer to be deemed to have fulfilled its responsibility for rehabilitation, the employer must have

- Investigated the need for and implemented work adjustments.
- Investigated the need for and implemented rehabilitation measures.
- Conducted a transfer enquiry and assessed reasonable suggestions.

The employer's responsibility for rehabilitation can also be considered to be fulfilled if

- There are no possibilities of transferring the co-worker anywhere within KI.
- The co-worker does not contribute to their rehabilitation in any way.
- The co-worker turns down an offer of being resettled.
- The co-worker's work capacity is significantly and permanently reduced to a degree where the co-worker cannot perform any work of significance to the employer.

6. Special high-risk protection

Special high-risk protection applies to co-workers who have an illness or disability where there is a likelihood of repeated sickness absence or a prolonged period of sickness absence. Special high-risk protection may be granted if a co-worker is ill more than ten times in one year or for more than 28 consecutive days due to their illness or disability. The employer can subsequently apply to receive compensation for the total sick pay expense from Försäkringskassan. It is the co-worker who applies for special high-risk protection from Försäkringskassan. If special high-risk protection is granted, a co-worker who is frequently absent due to sickness may also skip over the qualifying period days. See [Sick often or for a long time – special high-risk protection](#)

6.1 Compensation for high sick pay costs

An employer can receive compensation from Försäkringskassan for high sick pay costs exceeding a certain level. See [Compensation for high sick pay costs](#)

7. Actors and support resources

7.1 Responsible manager

The responsibility for rehabilitation falls to the employer. According to the applicable delegation rules, the immediate manager is responsible for rehabilitation of a sick-listed co-worker until the co-worker can return to their regular work, to other work provided by the employer, or until all possibilities of rehabilitation are exhausted and the employment may be terminated.

7.2 The co-worker

The co-worker is obliged to participate in their own rehabilitation to the extent that they are able to, given their health condition. This entails actively participating in the rehabilitation efforts proposed and those agreed upon with the employer. The co-worker can also propose various rehabilitation measures that may facilitate their return to work. A co-worker may temporarily have difficulty actively participating in their rehabilitation due to their health condition. Therefore, it is important that rehabilitation measures are adapted so that the co-worker can participate actively. The co-worker is obliged to provide current medical certificates to the employer, from sick day 8 and at each extension of the sick-listing period. If, due to their health, the co-worker is temporarily unable to directly submit a medical certificate, the co-worker must promptly inform the employer that the sick-listing period has been extended and provide the relevant dates for this period.

7.3 HR Office (Central Administration)

The HR Office within the Central Administration has overall responsibility for rehabilitation issues for co-workers at KI, including doctoral students employed on doctoral studentships, and can be consulted throughout the rehabilitation process.

7.4 Försäkringskassan (Swedish Social Insurance Agency)

Försäkringskassan assesses the right to sickness benefit from day 15. Försäkringskassan is formally responsible for coordinating rehabilitation efforts for the sick-listed person. This means that Försäkringskassan shall cooperate with employers, health and medical care services, Arbetsförmedlingen and other actors of relevance to the rehabilitation of the sick-listed individual. However, Försäkringskassan does not implement any rehabilitation measures.

7.5 Occupational Health Service

An Occupational Health Service is regarded as specialist expertise available to employers that can support both managers and co-workers throughout the rehabilitation process. The co-workers who have their sick-listing physician at the Occupational Health Service are called to rehabilitation meetings there. Parallel appointments can be booked with a psychologist or behaviourist, physiotherapist and ergonomist. Co-workers and doctoral students employed at KI can make two appointments with any specialist without having to inform their manager. As and from the third appointment, the manager must approve further bookings. The employer can also engage a rehabilitation coordinator at the Occupational Health Service. The cost of engaging a rehabilitation coordinator via the Occupational Health Service is covered by the respective department/equivalent. All rehabilitation cases are not handled by the Occupational Health Service

since a co-worker may be sick-listed via their family doctor's clinic/health centre. However, where needed, the employer may decide that the co-worker is to participate in rehabilitation meetings at the Occupational Health Service so that the employer can get help with, for example, assessing work capacity and proposals for rehabilitation measures. [Previa - Occupational Health Service | Staff Portal | Karolinska Institutet](#)

7.6 Health Promotion at KI

Health Promotion is a resource in KI's work to develop co-workers' health literacy for a sustainable and healthy working life. With an emphasis on physical activity and active recovery, health-promoting group activities and individual activities are offered and, if necessary, support for rehabilitation and a return to work, primarily through prescribed physical activity (FaR). Read more about prescribed physical activity and the Health Promotion Unit's activities at [Health Promotion | Staff Portal | Karolinska Institutet](#)

7.7 Career planning/career change

As part of the rehabilitation measures for facilitating a return to regular duties or other work at KI, there is the opportunity for co-workers to participate in a career change programme. The programme is funded by central readjustment funds. The Competence Provision Unit within the HR Office is responsible for this.

The programme usually runs for three months and consists of six coaching sessions. The programme can be extended if necessary, but there is also the possibility of a shorter initiative of up to three sessions regarding career planning. Participation in the programme can commence after the responsible manager has put in an order with the Competence Provision Unit. The co-worker receives their salary from KI while participating in the programme.

8. Professional confidentiality and consent

The employer is not automatically entitled to be informed of the reason for the sick-listing, the diagnosis or illness that the co-worker has. The co-worker is entitled to refrain from giving the reason for their sick-listing.

The employer is subject to professional confidentiality in individual cases and may not contact Försäkringskassan, a healthcare provider or other bodies without the employee's written consent. Furthermore, the employer may also not internally discuss the co-worker's health condition and sick-listing with persons other than those directly involved in the co-worker's rehabilitation, such as managers, HR administrators, the Occupational Health Service, a union representative and/or safety representative.

That said, the rehabilitation work will be easier if the cooperation between a sick-listed co-worker and the responsible manager is characterised by open trusting dialogue. This helps the employer to take the appropriate measures. The responsible manager may, for example, come to an agreement with the co-worker early on in the process regarding the care and rehabilitation actors that may be contacted as needed and with written consent. Consent must be posted to and received by the relevant actors before the employer can initiate contact. A consent form is found on the Staff Portal, see Work environment and health/Rehabilitation.

Names or personal data, as well as personal information about a co-worker, may never be communicated externally by e-mail due to confidentiality. It is also important to be restrictive in internal e-mails when it comes to names, personal data and information about co-workers.

Owing to confidentiality, healthcare actors and Försäkringskassan are not entitled to communicate via e-mail regarding rehabilitation matters or to respond to incoming e-mails. These should be contacted by phone when a sick-listing case needs to be discussed. The employer can also send an e-mail containing contact details with a request to be called by, for example, a sick-listing physician or a caseworker at Försäkringskassan.

8.1 Confidentiality

Chapter 39, Sections 1-2 of the Swedish Public Access to Information and Secrecy Act (2009:400) regulates how confidentiality shall be applied for the protection of individuals within the context of staff care and administration at the authority where the co-worker is employed.

9. Laws and regulations

KI's guidelines for rehabilitation are based on the following legislation and regulations:

- Work Environment Act, (1977: 1160) (AML), Ch. 2. § 1, Ch. 3, §§ 2, 2a, 2c
- Systematic Work Environment Management (AFS 2001:1), regulations
- Organisational and social work environment (AFS 2015:4), regulations
- Work adaptation and rehabilitation (AFS 1994:1), regulations
- Social Insurance Code (SFB) (2010: 110)
- Swedish Public Access to Information and Secrecy Act (2009:400), Ch. 39, §§ 1-2
- Act on the right to leave of absence to try other work due to illness (2008:565)