

Framework Shop Agreement

On

Back-to-Work Employee Management (BEM) (IAW section 167(2) Social Security Code IX)

Between

Headquarters, United States Army Europe and Africa
as Highest Service Authority of the U.S. Army in Germany

and

Head Works Council
United States Army Europe and Africa

Preamble

The changing conditions of life, work and leisure have a decisive influence on health. The way society organizes work, working conditions and leisure time should be a source of health, not illness. Health promotion creates safe, stimulating, satisfying and agreeable working and living conditions.

In accordance with legal requirements, BEM is an offer to all employees of the U.S. Army, including AAFES, pursuing the objective of maintaining and promoting health.

It is in the common interest of the partners to this agreement to take preventive measures to improve the working conditions, state of health and performance capabilities of employees. Within the framework of BEM, individual assistance is offered to shape the workplace situation in such a way that the fitness for work can be restored, maintained and/or improved.

Against this background, the following BEM agreement is concluded between the two undersigned parties.

1. Basis

Use of language: Linguistically simplified terms, such as employee, equally refer to women and men.

Under section 167(2) Social Security Code IX, the employer is required to initiate Back-to-Work Employee Management (BEM) following the prerequisites listed therein. The purpose of the shop agreement is to standardize the BEM process.

The parties pursue the joint objective to sustain and promote employee health. On the basis of the joint objectives both parties will develop measures for securing the employees' participation in working life.

The basis for a successful BEM is guaranteeing the right of self-determination of the affected employees, as well as cooperation based on mutual trust within the organization and with external agencies. These include, for example, institutions such as health, pension and accident insurance

carriers, as well as the Federal Employment Agency, the Integration Office, vocational rehabilitation providers, rehabilitation clinics and agencies providing special integration services.

2. Objectives

The employer has a responsibility for maintaining the health and wellbeing of employees at the worksite. Employees are also encouraged to take on personal responsibility in this regard.

BEM pursues the following objectives:

- Maintaining and promoting health, as well as fitness for work and employability
- Supporting employees in overcoming existing unfitness for work.
- Long-term preservation of fitness for work
- Continued employment at the current workplace, which may have to be adapted according to health capabilities and limitations
- Preventing disability and chronic disease
- Preventing recurring unfitness for work
- Avoiding health-related termination of employment.

The focus is on the employees' health, productivity, resilience, motivation, and satisfaction, and, if necessary, on taking measures for achieving these objectives (see enclosure D). All parties involved will look for permanent means to sustain fitness for work in order to guarantee participation in working life for as long as possible. The group of individuals listed under paragraph 5 will work towards this objective following the principle of cooperation based on mutual trust.

Shared responsibility/prevention: Employees can contribute to this objective by adopting a contemporary lifestyle / diet / relaxation / sports / exercise / hobbies / sufficient sleep, etc. Lack of exercise is a key risk factor for cardiovascular and musculoskeletal diseases. From a medical perspective, regular moderate exercise is recommended several times a week. A healthy lifestyle strengthens well-being and resilience. This includes friends/family, hobbies, a positive outlook on life, and good work organization. Relevant information/guidance is available from the family physicians, or is provided by health insurance companies and pension insurance carriers as part of prevention.

3. Scope of Application

The framework shop agreement will apply to all Local National employees represented by the USAREUR-AF HWC. They can receive a BEM when, irrespective of the calendar year, they have been on sick leave – without interruption or repeatedly – for more than six weeks (42 calendar days) within a period of twelve months.

The employer's duty of care extends to all employees, regardless of whether they work part-time or full-time or have a temporary employment contract. This explicitly includes apprentices. For underage employees it must be guaranteed that a legal representative is involved in the BEM process.

4. Principles

- All BEM measures require the consent of the BEM beneficiary.
- The employer will offer BEM to the BEM beneficiary.

- The procedure is generally initiated by the employer. In individual cases, the employee may request a BEM.

5. Involved Parties

A suitable BEM representative, preferably a Local National, will be appointed for implementing the BEM. This individual must have the necessary experience or must undergo appropriate qualification programs (e.g. by a training provider or an experienced BEM representative). Ideally, the BEM representative should be a member of the affected organization.

In organizations that cannot appoint their own BEM representative due to their small number of employees, efforts will be made to assign this task to a central BEM representative at HQ USAREUR-AF (Head Works Council). If on rare occasions this is not possible, the servicing CPAC may be involved in such individual cases.

The works council and the SHE representative must be given the opportunity to comment in advance on the appointment of the BEM representative. When an amicable solution is not possible, either the Highest Service Authority or the HWC shall be involved and asked to mediate.

The BEM representative and the BEM beneficiary will constitute a BEM team. In addition to the BEM representative, this team can consist of the following additional participants, depending on individual needs:

- The assigned trusted representative from the works council
- A representative from the organization, preferably without autonomous decision-making authority in personnel matters
- for severely handicapped employees, the servicing SHE Representative
- for young employees and apprentices, the servicing Youth/Apprentice Representative
- a trusted individual named by the BEM beneficiary.

In individual cases, additional partners may be considered for promoting the BEM objectives. In addition to the BEM representative, the following individuals can participate in the BEM session with the consent of the BEM beneficiary:

- direct supervisor
- Occupational Health contractor
- Safety Specialist
- representative from a health/accident/retirement insurance carrier
- Labor Agency
- Integration Office
- representative from a professional/educational institution
- representative from an organization providing support to severely handicapped individuals (Bavaria).

6. Process

Participation of a BEM beneficiary in BEM is voluntary, requires the consent of the BEM beneficiary, and may be terminated by the BEM beneficiary at any time without the need to provide reasons. The procedure will be offered by the employer. A BEM beneficiary may also submit a request for another initiation or re-initiation of a BEM process to the employer.

In times of pandemic, a virtual BEM should be considered.

6.1 Identifying Periods of Sick Absence

Every two months, USAREUR-AF G1/CPD will compile a list of employees who, over the 12 months prior to the compilation of the list, have been on sick absence for more than 6 weeks, i.e. 42 calendar days. Whether the sick absence was uninterrupted or occurred over various repeated periods is irrelevant.

The lists will be organized by employing organization and provided to the responsible BEM representatives.

They will be made available to the respective BEM representative of the responsible works council and, if necessary, SHE representative, usually NLT the 10th calendar day of the following month.

The respective BEM representative will establish the initial contact with all listed BEM beneficiaries.

6.2 Initial Contact

The BEM representative will inform the BEM beneficiary in writing, if possible within 14 days of receipt of the list, about the offer and the possibility of a BEM procedure. This letter will be provided to the works council and, if applicable, the SHE representative.

The purpose of the initial contact is to signal the BEM beneficiary the positive attention of the organization and to provide information on the BEM process. The initial letter (sample letter in Appendix A) including the response (sample response in Appendix B) is to be used for this purpose.

All involved parties are advised of their obligation to confidentiality.

6.2.1 Objectives of initial contact

- To signal the employee the positive attention of the organization and to build trust
- To show the employee interest in overcoming unfitness for work and restoring the employee's health
- To inform the employee about the BEM process
- To point out the importance of the employee's participation
- To obtain the employee's consent/decline for BEM
- To forward consent/decline to the CPAC, works council and, if applicable, SHE representative.

6.2.2 Reminder letter in the absence of a response to the initial letter

Even if the BEM beneficiary has not responded to the initial letter, another positive attempt should be made. The objectives of the BEM and data protection should be addressed (Appendix C).

6.3 Data Protection and Privacy

Back-to-Work Employee Management will be implemented by adhering to the data protection and privacy provisions applicable to the U.S. Forces in Germany (see Appendix A, Fact Sheet).

6.4 BEM Discussions

The purpose of a counseling session to be scheduled with all parties involved in the BEM process is to jointly analyze the current situation, as well as to clarify whether the causes for unfitness for work lie in the work situation. Thereafter, with the consent and participation of the affected BEM beneficiary, benefits and assistance for potentially overcoming unfitness for work and preventing renewed unfitness for work should be developed. Potential measures should be discussed in form of a dialogue. A sample BEM Discussion Guide can be found at Enclosure E.

After the BEM discussion, the BEM beneficiary will be given an opportunity to schedule additional discussions with the BEM representative and other players, if necessary.

Each participant in a BEM discussion must sign a declaration of confidentiality.
The BEM discussions must take place in a room in which confidential discussions are possible.

6.4.1 Objectives for second discussion/case discussion (see also Appendix D).

- Examine possibilities of reassignment and/or other reasonable employment options
- Discuss possibilities of workplace adaptation, for example with the help of the integration office or the occupational integration service
- Discuss possibilities of gradual reintegration together with the supervisor
- Examine the employee's continuation of employment in another job within the organization or, under certain circumstances, transfer to another organization.

6.5 Measures

The measures to be implemented during BEM can be manifold, ranging from participation in rehabilitation measures or step-by-step reintegration, and/or adjusting the worksite to professional training/retraining. The individual measures should be flexible and tailored to the individual case. The specific measures will be developed with all parties involved, and determined, if possible, within an agreed time period.

The range of measures covers the following key areas:

- Preventive measures
- Rehabilitation measures
- Health promotion measures
- Measures for age-appropriate and handicap-appropriate workplace design.

With the consent of the BEM beneficiary, it will be determined, by consulting the organizational players involved, whether health risks can be overcome by targeted measures within the organization; special focus will be on whether and to what extent changes at the worksite, in the work environment, in the way work is organized, or of the work schedule are possible.

6.6 Completion

The BEM process is completed when the listed objectives and tasks have been fulfilled, or when it must be determined after one or several discussions that they cannot be achieved.

This must also be determined amicably with the BEM beneficiary and documented in writing. If the prerequisites are met again, another BEM process can be initiated.

The works council and, if applicable, the SHE Representative will be informed about the beginning and completion of each BEM case.

6.7 Documentation

Only the offer for conducting a BEM process, the consent or rejection of the BEM beneficiary, and the completion of the BEM process will be included in the personnel file. If it is deemed necessary to include additional documents in the personnel file, the explicit consent from the BEM beneficiary is required.

The BEM representative will document the entire process in a note for the record (enclosure E). The note for the record should include at least:

- Participants
- Declaration of confidentiality from all participants
- Discussion of current situation
- Suggestions/measures for health-promoting changes of working conditions, if necessary by involving social benefits carriers
- Timeframe for implementation.

With the consent of the BEM beneficiary, all participants will receive a copy of the minutes (Enclosure E). The original minutes as well as all other documents will be kept by the BEM representative under lock and key in a BEM file, which must be kept strictly separate from the personnel file. The affected BEM beneficiary has the right to view this file at any time. Once a BEM procedure has been completed, the BEM documents will be handed over to the BEM beneficiary on request. Otherwise they will be destroyed no later than three years after the BEM procedure.

The note for the record in enclosure F will be provided to the CPAC to document beginning and end of the BEM.

The checklist in enclosure G can serve as a reminder for the necessary steps for the BEM representative.

7. Taking Effect and Period of Validity of this Agreement

This agreement shall take effect upon being signed. It may be terminated in writing, entirely or in parts, by either party subject to a notice period of three months to the end of the year.

It will continue to have effect until a new agreement is concluded. Following termination, new negotiations have to be initiated without delay.

If a provision of this agreement conflicts with higher-ranking laws, the other provisions shall remain unaffected. The parties to the shop agreement commit themselves to replacing this invalid provision by a valid one, which meets the purpose intended by the parties.

8. Reservation of Law

Statutory and collectively agreed provisions shall remain unaffected. This applies in particular if mandatory statutory or collectively agreed provisions require measures that deviate from the framework shop agreement.

9. Signatures

Enclosures

Enclosure A: Cover letter

Enclosure B: Response and Data Protection/Privacy Statement

Enclosure C: Reminder letter

Enclosure D: Catalog of Measures

Enclosure E: Note for the record on the discussion, including sample BEM discussion guide

Enclosure F: Note for the record for the CPAC

Enclosure G: Checklist

Enclosure A – Sample Cover Letter – BEM Offer

**DEPARTMENT OF THE ARMY
UNITED STATES ARMY EUROPE AND AFRICA
OFFICE OF THE DEPUTY CHIEF OF STAFF, G1, CPD
LUCIUS D. CLAY KASERNE
UNIT 29351, BOX 99
65205 WIESBADEN-ERBENHEIM**

Office Symbol

Date

Ms./Mr.
First name Name
Street address

ZIP code / City

Invitation to participate in a BEM Discussion

Dear Ms./Mr.,

Within the last 12 months, you were unable to perform your duties for medical reasons during the illness. We would like to express our regrets regarding your health situation and wish you a full recovery.

As with all employees with extended one-time or recurring periods of unfitness for work, we also would like to support you with a process of Back-to-Work Employee Management (BEM) to restore, improve, and sustain your health and fitness for work in a suitable way, and to prevent renewed unfitness for work early on. For this purpose, we are offering you an initial BEM discussion, which provides an opportunity for discussing your situation and developing suitable assistance and support measures with you. Enclosed is additional useful information and a form to let us know whether you are interested in such a meeting, and which individuals should attend that meeting.

Based on the legal provision of section 167(2) Social Security Code IX, the employer is required to carry out a BEM if an employee has been unable to work for six weeks within a period of twelve months. In this case, the employer should personally offer the BEM beneficiary back-to-work reintegration. The criteria set out in section 167(2) Social Security Code IX apply to you. We would therefore like to show you the possibilities of a Back-to-Work Employee Management.

During this meeting, we will provide you with more detailed information about the BEM objectives, as well as the type and scope of the data collected and used for this purpose, including data protection and privacy measures.

In anticipation of this, you will find enclosed an overview of the structure of the procedure based on an example.

The objective of BEM is

- ➔ to work with you to find measures and solutions to overcome your unfitness for work, to prevent renewed unfitness for work, to find opportunities for continuation of employment and to maintain your employment,
- ➔ to prevent illnesses and accidents through targeted measures,
- ➔ to integrate BEM beneficiaries into the work processes after an illness according to their abilities,
- ➔ to promote health in the long term, and
- ➔ to contribute in this way to the general improvement of working conditions.

Participation in a BEM process is voluntary. We need your active participation to ensure that the BEM can be successful.

In our organization, BEM is carried out by the following employee:

BEM representative:	First name, Name
	Email address
	Phone number

[if the organization has an alternate BEM representative, also include the contact details]

It is up to **you** to decide whether, in addition to the employer, other persons such as a member of the works council or the SHE representative or a person you trust should participate in the BEM process. If necessary, representatives of the integration office can also be involved. You can indicate this in the enclosed declaration of consent. In order to be able to schedule an appointment with you as quickly as possible, we also ask you to provide your preferred contact information (email address or telephone number).

The implementation of BEM requires your voluntary participation and consent at all times. You may, of course, revoke this at any time and thus end the BEM. You are completely free in this decision. No corresponding discussion will take place without your consent.

As part of the BEM process, personal data - in particular health-related data - will also be collected and used where necessary, provided you consent to this. This may include the following:

- ➔ medical-diagnostic circumstances
- ➔ Documentation of agreed measures and responsibilities, as well as the progress and results of work trials and measures for gradual reintegration and in-house reassignment, including adaptation of the workplace
- ➔ clarification of how the unfitness for work can be overcome, how renewed unfitness for work can be prevented and how employment can be continued.

In this context, we would like to point out that you are not required to provide information on the medical reason for your unfitness for work.

The declaration of consent regarding data protection and privacy in the context of the BEM is enclosed.

We kindly ask you to return the enclosed response within the next 14 days, if possible.

As a precautionary measure, we would like to point out that decline of a BEM or failure to cooperate in its implementation may have adverse consequences for you.

Please do not hesitate to contact me if you have further questions.

Sincerely,

First name Name
BEM Representative
Organization

Enclosures:

1. Text of section 167(2) Social Security Code IX
2. BEM Data Processing Fact Sheet
3. Example of a BEM process
4. Response to the invitation for participate in BEM
5. Declaration on data protection and privacy

Text of section 167(2) Social Security Code IX

(2) If employees are unable to work continuously or repeatedly for more than six weeks within a year, the employer shall clarify with the responsible works council in the meaning of section 176, and in the case of severely handicapped individuals also with the SHE Representative, with the consent and participation of the affected individual, the options for overcoming unfitness for work, and with which benefits or support renewed unfitness for work can be prevented and the job can be preserved (Back-to-Work Employee Management). Persons entitled to BEM (BEM beneficiaries) can also consult a person of trust of their own choice. If necessary, the company physician will be involved. The affected individual or the legal representative must be informed in advance of the BEM objectives and of the type and scope of the data collected and used for this purpose. If benefits for participation in working life or accompanying support services come into consideration, the rehabilitation agencies or, in the case of severely handicapped BEM beneficiaries, the Integration Office, shall be consulted by the employer. They shall ensure that the necessary benefits or support services are applied for without delay and provided within the period specified in the second sentence of section 14(2). The responsible works council in the meaning of section 176, and in the case of severely handicapped individuals also the SHE Representative, may request clarification. They shall ensure that the employer fulfills the corresponding obligations under this provision.

BEM Data Processing Fact Sheet

Herewith we would like to inform you about data processing in connection with BEM:

1. Purpose of data processing and legal basis

Prior to the preparation of this invitation letter, the servicing HR office at USAREUR-AF G1/CPD informed us of the data required to determine that you meet the legal requirements for the initiation of Back-to-work Employee Management (BEM) (name, contact details, frequency and duration of unfitness for work). Data processing in connection with a proper offer for a BEM procedure by us as the employer follows from meeting our legal obligations under section 167(2) Social Security Code IX.

Any further collection, processing and use of data in connection with the BEM process is subject to the requirement that you authorize us to carry out the BEM procedure by means of a written declaration of consent.

The processed data includes, in particular, health data and data relating to your official duties (e.g. workplace and activity analyses, occupational health and safety data, occupational qualifications, job hazard analysis).

If you decide to participate in BEM, we will provide you with the aforementioned consent form for you to sign. As the granting of consent is absolutely voluntary, you are under no obligation to provide us with your data or to give your consent. However, we would like to point out that if you do not provide us with your data, it may not be possible to carry out the BEM procedure or to carry it out adequately, and in the event of a health-related termination you will not be able to invoke the fact that we did not offer you the BEM procedure or did not carry it out.

You can revoke this consent at any time during the process. You can find more details on this under point 6, "Your rights", and in the declaration of consent.

2. The principle of confidentiality

All persons involved in the BEM process are required by separate individual agreements to maintain confidentiality about your personal and factual circumstances that come to the knowledge of these persons during their participation in the BEM process.

3. Sealed storage of documents

Documents relating to BEM, such as minutes of meetings or integration plans, will be kept in the BEM file with the BEM representative and are thus protected against unintentional access.

4. Recipients / categories of recipients

Personal data collected as part of the BEM process to fulfill the stated purposes will only be disclosed to the members of the BEM team. Beyond this, we will only disclose your data to third parties (e.g. the rehabilitation providers) with your prior written consent.

5. Storage period

Your BEM file will be deleted/destroyed after three years at the latest.

6. Your rights

Upon request, we will provide you with information free of charge about the personal data stored about you. In addition, you have the right to correct your personal data and the right to object if the conditions are met. If you yourself have provided the processed data, you may receive the data in a structured, common and machine-readable format.

Insofar as the data processing is based on consent, you may revoke your consent at any time with effect for the future without affecting the lawfulness of the previous processing.

7. Data processing official

Your respective employer is responsible for data processing.

Example of a BEM process

Due to health restrictions, you were unable to work for several weeks. It has not yet been possible to restore your ability to work.

You will receive a letter of invitation to participate in a BEM process.

You decide to participate in a BEM, send the "Response" form and provide the name of a trusted third party, for example, your partner.

If necessary, a BEM appointment will be scheduled by email or phone.

- In addition to you and, for example, your partner, the BEM representative named on the invitation letter will participate and discuss the BEM process and the legal framework with you.
- The declaration of consent for data communication and the confidentiality obligation will be signed by the employees and, for example, your partner.

Integration discussions / integration plan

- During the BEM meeting, we will discuss ways of integrating you into the organization's work processes until your ability to work has been fully restored.
- It turns out that your physical constitution allows you to resume work on a small scale at first, with the support of your colleagues. The specific circumstances allow a gradual reintegration.
- Finally, an integration plan is agreed, in which your work hours and workload are gradually brought closer to everyday requirements.

Successful implementation of the integration plan

Over the agreed period, the gradual increase in work hours and workload is proceeding smoothly. Due to the likewise progressive improvement of the health condition, a complete restoration of the ability to work can be assumed after implementation of the integration plan.

Final discussion/feedback

If you wish, you can give us feedback on the BEM process as implemented. This feedback can also include suggestions for further development and improvement of the process.

You can resume your work with us regularly and to the full extent.

Enclosure B – Sample Response to BEM Invitation

**Response
Consent to Back-to-Work Employee Management IAW
section 167(2) Social Security Code IX
Please return by email or mail.**

Name: Name First name

Please check

- I request a BEM meeting.

 - The following individuals may be present – if possible – during the BEM meeting:
 - SHE representative

 - Works council representative

 - Safety Specialist

 - Trusted party: Mr. / Ms. _____

 - Supervisor: Mr. / Ms. _____

 - Other: Mr. / Ms. _____

 - I give my consent that information on my periods of unfitness for work over the past 12 months (number of days, frequency, and last day of unfitness for work) will be provided to participating individuals to conduct a BEM meeting.

 - At this time, I choose **not** to participate in a BEM. (Declaration of reasons is voluntary.)
-

I would like to participate in a BEM at a later time. (Declaration of reasons is voluntary.)

Please contact me to schedule a meeting by email _____ or phone

_____.

Place, date

Signature of BEM beneficiary

Declaration of Consent for Data Protection and Privacy

Name: First name Name of the individual receiving a BEM offer

All persons involved in the BEM process are required to observe data protection.

Only such data will be collected and, if necessary, used, the knowledge of which is required in order to be able to carry out a constructive search process that serves my recovery and maintenance of health. Information obtained in the course of the BEM process will be documented exclusively in the BEM file and kept under lock and key. Collected data will not be included in the personnel file. Medical data is collected and processed as particularly protected sensitive health data. The BEM file will be managed by the BEM representative. The type of data collected and processed in the course of a BEM depends heavily on the individual case, and I alone decide on this. For each individual phase of the BEM process, I will be able to voluntarily determine to what type of data collection and use I agree and disagree to.

Within the BEM process, personal data (e.g. data on my medical condition) may only be passed on with my consent.

Place, date

Signature of BEM beneficiary

Instruction for completion: enter individual data of the BEM case in [...] fields

**Confidentiality Instructions on Data Protection and Privacy
under BEM**

Member of BEM Team

Mr./Ms.

Mr./Ms. _____ is hereby informed of the data protection and privacy provisions printed below.

He/she is hereby specifically instructed that individual details about personal and factual circumstances or medical performance limitations learned in the course of fulfilling the tasks within the BEM process must be kept confidential from third parties and may not be disclosed without authorization.

Third parties in the aforementioned meaning also include individuals who work for the U.S. Army or are involved in personnel administration as part of their duties.

All documents containing such individual data must be stored in such a way that third parties cannot gain access, make any changes or deletions, or remove anything.

The above-mentioned data may be transmitted to the other members of the BEM team, or to alternates designated by these individuals, by way of exception and only with the consent of the affected individual and only insofar as this is necessary for the BEM purpose.

The above obligations are part of the obligations of the undersigned under their employment contract or contract. Violations may result in corresponding legal consequences.

With his/her signature, the member of the BEM team also confirms receipt of a copy of this instruction.

Place, date

Member of BEM Team

Instruction for completion: enter individual data of the BEM case in [...] fields

Enclosure C – Sample BEM Reminder Letter

**DEPARTMENT OF THE ARMY
UNITED STATES ARMY EUROPE AND AFRICA
OFFICE OF THE DEPUTY CHIEF OF STAFF, G1, CPD
LUCIUS D. CLAY KASERNE
UNIT 29351, BOX 99
65205 WIESBADEN-ERBENHEIM**

Office Symbol

Date

Ms./Mr.
First name Name
Street address

ZIP code City

Invitation to participate in a BEM Meeting

Dear Ms./Mr.,

In our letter dated [insert date], we informed you about the BEM offer. Unfortunately, we have not yet received a response from you as to whether you wish to take advantage of the BEM. Participation is voluntary and may well be beneficial to you in securing your employment.

We assure you of the protection of your personal data - especially with regard to the consequences of illness. Information about your health will only be brought to the attention of the HR branch, your supervisor, or other parties involved if you expressly request it.

We are enclosing the response letter once again with this letter. Please sign and return it within the next **14 days**, even if you are not interested in a BEM. If we do not receive a response from you within this period, we will assume that you have declined a BEM procedure.

By way of precaution, we would like to point out that your declining a BEM or failure to cooperate in its implementation may have adverse consequences for you.

Thank you!

Sincerely,

BEM Representative

Instruction for completion: enter individual data of the BEM case in [...] fields

Enclosure D - Catalog of Potential Measures (not conclusive)

Work Environment

- Changing functions
- Changing work processes
- Internal reassignment
- Retraining
- Telework/mobile work
- Part-time work/reduced work hours
- Technical devices
- Ergonomic design of worksites
- Providing special support (work assistance, qualification measures)
- Accessible design of social and sanitary facilities
- Reviewing the Job Hazard Analysis and resulting measures
- Progressive back-to-work reintegration (following the so-called Hamburg model)

Medical Environment

- Consultation/expert opinion by OH physician or Safety Specialist
- Symptom-specific OH examinations (visual test/determining movement restrictions/shift work)
- Internal/external consultations (addiction, bullying, mental illnesses)
- Conducting strain tests and work trials
- Supporting medical rehabilitation measures
- Medical rehabilitation measures

Individual Counseling/Other

- Special advice/briefing to co-workers (e.g. epilepsy)
- Improving the work climate
- Professional development
- External subsidies in case of reduced performance
- Conflict/social counseling
- Guidance from integration office and associated offices
- Guidance from accident insurance carrier (*Unfallkasse Bund und Bahn*)
- Guidance from German Federal Institute for Occupational Safety and Health
- Guidance from pension and health insurance carriers
- Apply for pension

Anlage E – Sample Note for the Record / BEM Meeting, including Discussion Guide

BEM for the BEM beneficiary	Name, First name:
Organization:	SHE status:
Date:	Time: From: to

Meeting participants:

Name, First name	Function

Contents of the meeting:

- 1. Opening remarks; introduction, including description of the situation and objectives. All participants agree to maintain confidentiality.**
- 2. Are there any work-related restrictions due to the illness?**
 no yes, specifically:
- 3. Is there a connection between the illness and any stress/strain at work?**
Examples: Workload, working conditions, working atmosphere:
 no yes, specifically:
- 4. Are there any operational activities that can no longer be performed due to the illness?**
 no yes, specifically:
- 5. Have medical measures been implemented or planned?**
 no yes, specifically:

6. Are there any recommendations from the attending physicians/company physicians for reintegration at work?

no yes, specifically:

7. Can the workload be avoided (by redesigning the workplace)?

no yes, specifically:

8. Should organizations such as the health insurance/pension insurance/accident insurance carrier, integration office, Safety Specialist, company physician, or others be involved in a supporting role?

no yes, specifically:

9. What are the work-related goals, wishes and ideas of the BEM beneficiary?

10. Are measures for reintegration agreed?

Reintegration measures are **not** required.

The following reintegration measures are being mutually agreed:

Identified measures:	Timeframe for implementation:

11. Additional meetings are necessary:

no yes, specifically:

Signatures of meeting participants:

Note: These meeting minutes will be included in the BEM file. Upon request, a copy of the minutes may be issued to the BEM beneficiary.

Sample BEM Discussion Guide

- Opening remarks
Thank the employee for coming; offer drinks, if possible
- Smalltalk; maybe talk about what has been going on in the organization
- If necessary, introduce participants (name; function)
- Reason for the meeting (all employees who have been sick for more than 6 weeks are invited)
- Course of the meeting (first part about formalities; second part about your health); duration of meeting
- Objective (look for measures to improve employee health)
- Get signature on the data protection/privacy document
- If necessary, point out that meeting is voluntary
- Mention that a note for the record will be prepared
- Address sick absences with empathy in a non-accusatory way
- How are you feeling today?
- Is your illness work-related?
- If not, would you like to talk about it?
- If necessary, point out that information on the diagnosis is not required but that it is helpful and makes it easier to find solutions if an open discussion is possible
- Are there performance limitations? Does the physician require special considerations?
- Ask the BEM beneficiary for his/her expectations, objectives, or ideas; collect suggestions
- Determine measures together
- Clarify further steps
- Maybe involve other participants, e.g., leadership, rehabilitation providers (remember release of confidentiality, if applicable)
- Follow-on meeting, if necessary
- Meeting summary; open issues?

- Go through the minutes together and sign the document
- Get feedback, if necessary (how satisfied are you with the meeting?)
- Point out that you are available for further questions
- Friendly discharge

Back-to-Work Employee Management

– Minutes for the organization/CPAC –
Back-to-Work Employee Management IAW section 167(2) Social Security Code IX

Minutes for BEM process for:

Name:	
DOB:	
Function/Branch:	

Objective: to overcome health-related unfitness for work as partners and avoid renewed unfitness for work and associated sick absences.

First meeting:

Date: _____

Second meeting:

Date: _____

Additional meetings:

Date: _____

Date: _____

Date: _____

Final meeting:

Date: _____

Have measures been agreed and implemented?

yes no, (justification):

BEM Representative

Note: These minutes will be provided to the CPAC and included in the BEM file.

Enclosure G – BEM Checklist (for internal use by the BEM Representative only)

BEM Checklist

First name Name: _____

Employee number: _____

Process	Checklist	Comment	Done
Preparing BEM documents	1. BEM invitation signed? <i>Best Practice: - on behalf of action officer is ok - coordinate date for BEM meeting prior to sending out the invitation with the employee (to avoid extra work)</i>		<input type="checkbox"/>
Mailing the BEM invitation	1. Sent by special mail? <i>Best Practice: Received on _____</i>		<input type="checkbox"/>
Process responses / prepare and implement BEM	1. Response, BEM declaration of consent signed?		<input type="checkbox"/>
	2. Declaration of consent for BEM signed?		<input type="checkbox"/>
	3. In-house confidentiality instructions signed? Release from confidentiality obtained?		<input type="checkbox"/>
	4. External confidentiality agreement signed? Release from confidentiality obtained?		<input type="checkbox"/>
	5. Meeting minutes signed?		<input type="checkbox"/>
	6. Reintegration plan signed?		<input type="checkbox"/>
	7. BEM comment signed?		<input type="checkbox"/>
	8. BEM completion document signed?		<input type="checkbox"/>

