

## FIT FOR DUTY PROCEDURES EMOTIONAL/PSYCHOLOGICAL

Policy Appendix Document and Form regarding Pre-Placement Physicals

Fit for Duty refers to the physical and mental readiness of an employee to perform the essential functions of his job. A Fit for Duty examination refers to an evaluation that may include psychological, medical, and/or substance abuse assessments. The following information will generally govern how observed disruptive behaviors may be handled by a supervisor when he believes the behavior may be due to emotional, psychological, or mental challenges and that an employee is not fit for duty. Actions on any unsatisfactory behaviors must be supported by appropriate documentation. This procedure may exclude Sworn Police Department employees since they are covered by their own Fit for Duty Policy.

It is the employee's responsibility to maintain his health and fitness in such a way that he can perform the essential duties and responsibilities of his job. However, if a supervisor has reason to question the general fitness ability of an employee to perform his duties and responsibilities due to a mental, emotional, psychological, or physical condition, the supervisor may refer the employee for a Fit for Duty examination. Examples when a Fit for Duty examination may be appropriate include, but are not limited to:

- An employee, who uncharacteristically appears semi-conscious or unconscious, unsteady, incoherent, grossly irrational, exceptionally uncooperative or unreasonable, extremely fatigued or has difficulty in staying awake, out of control, abnormally stressed, depressed over a prolonged period, or exhibits other similar physical, emotional, or psychological symptoms of impairment that may be the cause of unsatisfactory workplace performance, contributes to a toxic or unsafe work environment or otherwise contributes to the inability of the employee to perform specific duties, tasks or responsibilities in a reasonable fashion.
- When an employee requests a change or accommodation in job duties because of a health-related problem, or has a documented history of absences which is unsupported by medical documentation or supported by unclear, insufficient, or questionable medical documentation, it may be appropriate for a supervisor to seek a Fit for Duty examination. Determination of an employee's eligibility for the requested change or accommodation may involve the applicability of the Americans with Disabilities Act (ADA). Accordingly, a department receiving such an employee request should immediately consult with the Safety and Health Division or City Medical Services. A Fit for Duty determination is made by Medical Services.

**Confidentiality** --Information will be kept confidential by all parties who are privy to the protected information. Medical information regarding any absence will not be disclosed unless there is a necessity to provide limited information or the employee has authorized the release.

Medical records and/or reports of Fit for Duty examinations are confidential and will be

maintained separately from the employee's official personnel record. Only Medical Services will have access to medical information. No medical information is to be communicated without the employee's specific authorization.

The employee's supervisor will be informed about any recommended actions necessary to support the employee in the performance of the essential functions of his City of Greensboro duties as well as other information about the employee's condition necessary for proper supervision.

### **Supervisor Steps:**

- Take reasonable steps to assure the safety of all persons, including the impaired employee. **Obtain the assistance of another supervisor or manager.** The employee will need to be transported to City Medical Services or, in the event of emergency circumstances, call 911, and request assistance. Contact Medical Services prior to sending the employee. **If the employee is violent, verbally abusive or otherwise threatening, call 911; do not attempt to physically restrain the employee or interfere with his free movement in any way.** If Medical Services is not open, the employee needs to be transported to the backup facility or home if that is what the employee chooses.
- Complete a Medical Authorization form as soon as possible but before the end of your scheduled work day, documenting all facts relevant to the referral.
- Contact the Safety Division or the Employee Relations section of the Human Resources Department as soon as practical to discuss appropriate actions.
- Inform the employee that he is being relieved of his duties pending receipt of appropriate medical certification from the City Medical Services that the employee is fit to perform his job safely.
- Notify City Security and Building Maintenance (See Employee Security Policy H-7)

If there is reasonable basis to believe that the employee suffers from alcohol or drug impairment, the employee may be asked to consent to alcohol and drug testing. (See HR Policy H-6 Substance Abuse)

### **Costs**

The cost of any Fit for Duty examination by City Medical Services, including alcohol and substance abuse testing, and or treatment cost will be borne by the City of Greensboro, and not by the employee. The costs of any Fit for Duty examination performed by a physician of the employee's own choosing shall be paid by the employee. The employee will also pay for all treatments.

## **Time Off**

Time off from work required for a Fit for Duty examination and any subsequent time off work before the employee is certified Fit for Duty should be determined and charged in accordance with the circumstances and the results of the Fit for Duty evaluation. Determination for the appropriate leave status will be decided in consultation with Employee Relations and the appropriate City policies. For example:

- Impairment due to medical or psychological conditions may be charged to accrued sick or other accrued leave, if the employee requests and is approved for such leave.
- Impairment due to alcohol or illegal drugs may be recorded as an unapproved or unauthorized absence.
- Violent, abusive or threatening behavior that is not due to medical or psychological conditions may be charged to LWOP or Administrative Leave.
- If the employee leaves the workplace without permission, unauthorized absence and LWOP may be appropriate.

## **Process**

Supervisor will contact

1. Employee Relations, Safety Division or Human Resources Director to advise them of the situation and to discuss recommendations.
2. After speaking with Employee Relations or the Safety and Health Division the supervisor will contact City Medical Services to inform them of the details and background of the situation.
3. After speaking with Employee Relations and or the Safety Division or the Human Resources Director the supervisor will explain to the employee that he is being referred for a Fit for Duty Evaluation and is being relieved of his duties and is not permitted to return until he has been cleared by City Medical Services to return to duty. The supervisor will provide transportation to his appointment.
4. The supervisor will be provided with a statement to co-workers from Human Resources i.e., "The situation you have just witnessed with (employee name) has been addressed. Any necessary additional information will be forth coming."

## **Employee Rights & Obligations**

Nothing in this procedure overrides rights provided to employees through other applicable policies and laws.

The employee has the right and may choose to refuse to be evaluated for a Fit for Duty exam. The supervisor will immediately contact Employee Relations to advise them of the situation and to discuss recommendations. The supervisor may be advised to explain to the employee that they are immediately relieved of their duties and may not return until receiving clearance from City Medical Services.

The employee may agree to have the Fit for Duty examination performed by the City Medical Services at City expense. Nothing prohibits the employee from having a Fit for Duty Evaluation performed by a medical provider of his own choosing, however City Medical Services will have

the final say in the employee status and the employee will be responsible for the cost of any evaluations initiated by them. **Only with the employee's willing consent will the City of Greensboro medical providers examine the employee and consult with the employee's private care physician(s) as necessary.**

On occasion, it may be necessary for the City of Greensboro medical staff to require several visits or follow-up visits in order to complete the medical evaluation. If the employee chooses to have the Fit for Duty examination performed by a physician of his own choosing, a copy of the private physician medical evaluation shall be sent to the City Medical Services for review. The City of Greensboro shall have the option of seeking a second medical opinion at the City of Greensboro's expense.

Employees are expected to cooperate fully with any request for an examination, including providing information (or releases for medical records) reasonably needed and requested by the City of Greensboro Medical Services. Failure to cooperate may result in the City of Greensboro's inability to determine an employee's fitness to work, and, thus, may result in appropriate administrative and/or corrective action.

#### **Return to Work**

A copy of the Return to Work Authorization shall be sent to the employee and his supervisor. Outcomes of a Fit for Duty evaluation may result in the following determinations: 1) Fit to work without restrictions; 2) Fit to work with restrictions; 3) Not fit to work.

- Fit to work without restrictions: If the evaluation determines that the employee is fit to work without restrictions, the supervisor shall allow the employee to return to work.
- Fit to work with restrictions: If the evaluation determines that the employee is fit to work with restrictions, the supervisor shall meet with the employee and determine the conditions and requirements for continued employment based on consultation with the following: Employee Relations, Safety & Health, the employee, City Medical Services and the employee's private physician (if appropriate). Following consultation with the employee, the employee shall receive in writing from the supervisor the job tasks or description for a return to work, including continued monitoring of any medical condition.
- Not fit to work: If the evaluation determines that the employee is not fit for work, his employment status shall be determined on a case by case basis. The employee's supervisor shall notify the employee of the medical and administrative evaluations and work with the employee, in consultation with the Safety & Health Division to determine appropriate options, including his right under the Americans with Disabilities Act (ADA). Such options may include, but are not limited to, depending on the employee's eligibility, Family and Medical Leave Act (FMLA), sick leave entitlement including advanced sick leave, disability retirement, resignation, transfer, reassignment, or other resolutions.

## City of Greensboro Supervisor's Psychological Fit for Duty Request Form

CONFIDENTIAL TO CITY MEDICAL SERVICES and/or Employee Assistance Program (EAP) Counselor

Have you contacted Employee Relations or the Safety and Health Division? If no, please do so before referring an employee to Medical Services.

Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Employee Number \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Employee Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Telephone: \_\_\_\_\_

Human Resources Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I am requesting a Fit for Duty evaluation for the above named employee because of the behaviors listed below. (Check all that apply):

<input type="checkbox"/> Threatening behavior/speech	<input type="checkbox"/> High/low periods of productivity
<input type="checkbox"/> Abusive speech	<input type="checkbox"/> Lack of energy
<input type="checkbox"/> Multiple accidents	<input type="checkbox"/> Lapses in concentration
<input type="checkbox"/> Aggressive behavior	<input type="checkbox"/> Complaints from other employees
<input type="checkbox"/> Confusion	<input type="checkbox"/> Staggering
<input type="checkbox"/> Slurred speech	<input type="checkbox"/> Stumbling
<input type="checkbox"/> Erratic behavior	<input type="checkbox"/> Sudden mood swings
<input type="checkbox"/> Frequent mistakes	<input type="checkbox"/> Declining performance
<input type="checkbox"/> Frequently late	<input type="checkbox"/> Unexplained disappearance from work
<input type="checkbox"/> Smells of alcohol	<input type="checkbox"/> Sleeping or extreme fatigue
<input type="checkbox"/> Suspected substance abuse	<input type="checkbox"/>
<input type="checkbox"/> Difficulty in recalling basic instructions	<input type="checkbox"/>

Please give other details of specific behaviors: allegations and circumstances or alleged events leading to request for Fit for Duty evaluation (Use additional sheet if necessary):

Please see next page of form.

Has a witness, observed the employee and concur with your observation?

Yes  No      If 'yes', who \_\_\_\_\_

Has there been prior behavioral incident(s) or problem(s)?  Yes  No

If 'yes', please describe the problem(s) using specific examples or behavior, with dates, mechanism to resolution etc.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_