

Assessing Physical and Mental Fitness for Work

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Introduction

The workforce is a complex organism that presents multiple challenges for environment, health and safety (EH&S) professionals. The need to determine whether an applicant or employee is physically and mentally fit for work is a common confounder. While this responsibility often falls outside their comfort zone, it is possible for EH&S professionals who lack medical training to confidently engage the fitness-for-work assessment process. This paper provides guidance based on best clinical practices and more than three decades of experience in injury prevention and management. It is divided into four sections:

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- I. Quantifying the value of fitness-for-work assessments.
- II. Implementing the assessment process.
- III. Complying with applicable rules and regulations.
- IV. Adopting a comprehensive policy.

I. Quantifying the Value of Fitness-for-Work Assessments

A growing number of employers consider fitness-for-work (FFW) assessments an essential contributor to their organization's comprehensive environment, health and safety, sustainability and risk management efforts. The inherent value of an objective assessment becomes even more apparent when one considers workforce characteristics that increase injury risk and are largely out of the control of managers. Such factors include aging, comorbid conditions, poor sleep habits and fatigue, smoking, depression and substance abuse.

Definition

A FFW assessment is a medical examination designed to assess whether an employee or job applicant has the physical, mental and emotional capacity to perform assigned tasks in a competent manner – and in a way that does not unreasonably threaten safety, health or property.

FFW assessments are used to ensure employers hire and retain physically and mentally qualified individuals. The following are among potential related benefits:

- Reduced likelihood of hiring someone who cannot safely perform the job.
- Enhanced ability to detect medical conditions that may threaten personal health and safety and the health and safety of others.
- Decreased risk of work-related accidents, injuries and property damage.
- Improved assurance of safe job placement upon return to work following injury, illness or absence.
- Increased opportunities to effectively manage medical, insurance and legal liability costs.

For many companies, FFW evaluations are part of the onboarding process. They are often viewed as a logical extension of medical surveillance examinations that are performed to establish baselines and measure physical changes in response to exposures such as noise or toxic substances over time. They go hand-in-hand with drug-free workplace policies, and with behavioral health and employee assistance programs (EAPs). They also give employers the opportunity to ensure they are in compliance with federal laws and jurisdictional regulations.

Return on Investment

A cost-benefit analysis of FFW assessments largely depends on how an employer defines the value of a work day in their enterprise. Some of this value is associated with cost avoidance.

An undetected physical or mental impairment may affect an employee's ability to work safely or diminish their productivity (presenteeism). It may be a contributing factor in a work-related incident that results in a workers' compensation claim, medical treatment, recordable injury, lost work time and even long-term disability.

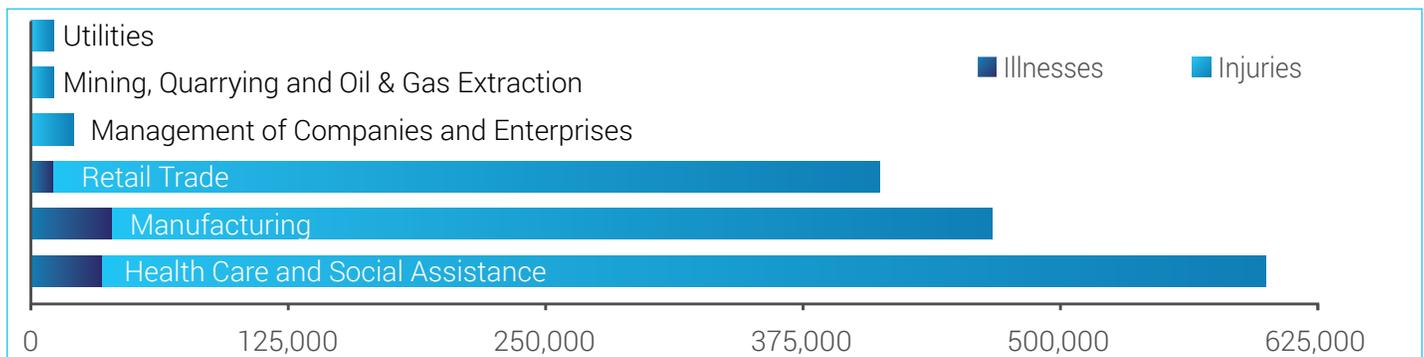
Awareness of physical and mental functional capacity facilitates the use of targeted preventive interventions and a prompt response in the event of an injury or incident. In addition, companies that demonstrate they care about worker fitness are more likely to avoid costly consequences such as damage to brand and image, poor employee morale and difficulty recruiting well-qualified candidates.



Injury Trends

The use of FFW assessments as a means to reduce accident and injury rates applies to virtually all workplaces. Despite steady annual declines, certain industries in the U.S. still have high rates of exposure, injury and property damage. Disparities in injury rates among certain industry types suggest work-fitness assessments have added value in these workplaces. Figure 1 illustrates disparities in non-fatal injury and illness rates among private industries.

Figure 1: Disparities in U.S. work-related injury and illness rates by industry type, 2015



There were approximately 2.9 million workplace injuries and illnesses reported by private industry employers in 2015 (Figure 2). These occurred at a rate of 3.0 cases per 100 equivalent full-time workers, according to data compiled by the U.S. Bureau of Labor Statistics. The median for days away from work to recuperate from a work-related injury or illness – a key measure of severity – was eight days. Over half of the injury and illness cases reported in 2015 involved days away from work, restriction or job transfer (DART). These data also help illustrate the potential value of FFW assessments, particularly following a work absence.

2015	Per 100 FTEs*
Total non-fatal injuries/illnesses (95% were Injuries)	Approx. 2.9 million
Total recordable cases	3.0*
Days away from work, job restriction or transfer (DART)	1.6 cases*

Source: U.S. Bureau of Labor Statistics

Leading injury causes: Falls 27%; Overexertion 23%; Struck by Object 7.5%

Source: Liberty Mutual Safety Index

Figure 2: Work-related Injuries and Illnesses, U.S. private industry, 2015

Workers' compensation claim trends offer additional insights on the need for prevention and detection of physical and/or mental impairments:

1. In 2012, the National Council on Compensation Insurance (NCCI) studied the impact of comorbidities on workers' compensation claims: the percentage of claims with a comorbid diagnosis increased from 2.4 percent to 6.6 percent between 2000 and 2009.¹
2. In a Travelers Insurance Injury Impact Report featuring findings from an analysis of more than 1.5 million claims, material handling was the most common cause of injury.² Lifting, lowering, filling, emptying or carrying an item caused 32 percent of injuries, with manufacturing and retail sectors taking the biggest hit. The average cost for the most frequently occurring injuries ranged from \$8,000 to \$42,400 per claim. Strains and sprains were associated with an average of 57 days away from work.
3. The Liberty Mutual Research Institute for Safety's annual Workplace Safety Index found that the most disabling work-related injuries (in the claim study year 2013) accounted for nearly \$62 billion in direct U.S. workers' compensation costs.³ Liberty Mutual's findings have been notably consistent for the past 12 years, suggesting there are still critical lessons to be gleaned from the findings.
4. Research shows that the presence of comorbid medical conditions such as high blood pressure, heart disease, obesity, arthritis and diabetes affect health outcomes. For instance, an overweight, diabetic employee will likely take longer to recover from a work-related injury or illness than an employee in the same job, with the same type of injury but who does not have any comorbidities. A FFW assessment may be used to evaluate the diabetic individual's physical ability to safely return to work. Sleep disorders provide another illustration. Sleep disruption and fatigue have been linked to a number of generalized health and behavioral disorders, including reduced efficiency while operating a motor vehicle.⁴



Substance Use

Data from Quest Diagnostics' Drug Testing Index™ (DTI) and the National Survey on Drug Use and Health (NSDUH) reinforce the need for FFW assessments. The DTI has been used since 1988 to analyze millions of drug test results by drug category, testing reason and specimen type. The NSDUH is a comprehensive survey that includes metrics such as alcohol and illicit drug use by state and employment status.⁵

DTI data show steady increases in overall drug positivity rates in the U.S. workforce since the study's inception; marijuana positivity rates have increased notably over the past five years. The NSDUH found corresponding higher self-reported use of marijuana, with 22 million Americans identifying as current users. The Substance Abuse and Mental Health Services Administration (SAMHSA) reports approximately 3 percent of workers are under the influence of an illicit drug at any given time. Between 2009 and 2013, the pharmacy benefits management company Express Scripts found nearly 60 percent of patients in the general population – many of whom are employed – were legally prescribed potentially dangerous mixtures of opioids and other medications.⁶

The human tragedy that plays out in association with opioid misuse and abuse simultaneously creates liability and increases risk for public and private-sector employers. In lawsuits, state courts have found employers and workers' compensation insurers financially responsible when an injured worker fatally overdoses on prescribed painkillers. In the workplace, prescription and illicit drug abuse is associated with impaired performance and judgment as well as:

- Higher work-related injury rates and workers' compensation costs.
- Costly emergency room visits and hospitalizations.
- Long-term disability and lost productivity.
- Sleep disruption leading to fatigue and inattention.
- Damage to company brands and business interests.
- Violent incidents.
- Motor-vehicle accidents.



Mental Health

Undetected and undertreated mental health disorders in the workplace can create a cascade of negative effects. The federal Occupational Safety and Health Administration (OSHA) reports nearly 2 million employees are victims of reported workplace violence a year, with a significant percentage of incidents attributed to working with volatile, unstable people.⁷

In the National Comorbidity Survey, the first large-scale field survey of mental health in the U.S., 18 percent of respondents who were employed said they experienced symptoms of a mental health disorder in the previous month; less than half (40 percent) received professional treatment. In a study, SAMHSA found that among full-time workers aged 18 to 64 years old, the highest number of workers experiencing a major depressive episode in the past year were found in personal care and service (10.8 percent) and food preparation and serving-related occupations (10.3 percent).^{8,9}

Depression is estimated to cause 200 million lost workdays each year at a cost to employers of \$17 to \$44 billion.¹⁰ According to the U.S. Centers for Disease Control and Prevention, in a national study approximately 80 percent of people with depression reported some level of functional impairment because of their depression; 27 percent reported serious difficulties in work and home life. However, only 29 percent of depressed adults reported contacting a mental health professional in the past year. In a three-month period, patients with depression missed an average of 4.8 workdays and suffered 11.5 days of reduced productivity.

Despite these statistics, mental health issues continue to be ignored by all sectors of society. Social stigma and lack of understanding of mental health issues contributes to absenteeism and presenteeism. In addition, mental health conditions such as depression and mood disorders are frequently a comorbid condition found in workers' compensation claims. EH&S professionals who follow a well-orchestrated and robust approach to mental health issues will more easily navigate tricky legal waters and avoid injury management pitfalls.



II. Implementing the Fitness-for-Work Assessment Process

When individuals are deemed fit for work, it means they are able to perform assigned tasks completely and in a manner that does not threaten the safety or health of themselves or others.

Process

An assessment may be performed:

- As part of hiring and onboarding.
- To address safety-sensitive duties.
- Prior to a change in work assignment.
- At the request of the worker.
- In response to observed behavior.
- Upon return to work after an illness, injury or prolonged absence.
- When there is reasonable cause to believe fitness may be compromised.

A collaborative, multi-disciplinary approach is recommended. While clinical findings may be clear cut, a certain degree of interpretation is often needed in order to make the best job-placement decision. The FFW process may involve individuals and departments including employees and applicants, EH&S professionals, frontline supervisors, occupational health/onsite medical, human resources, legal, risk management and senior executives. Other parties such as labor organizations, insurers, benefits administrators, wellness program administrators and behavioral health professionals may also be involved.

Optimally, a physician with training and experience in occupational medicine performs the assessment. When available, the process may be driven by a company's corporate health department with the protocol recommended by occupational health personnel.

Whether internal or external, the evaluating clinician should have both medical and behavioral health knowledge. He or she must know how to avoid potential inconsistencies, deploy legally defensible tests, carefully record findings and maintain confidentiality. It is the employer's responsibility to provide functional job descriptions and a safe work environment.

Work During Recovery

Experience and studies show that work during recovery is therapeutic; not working (de-conditioning) delays recovery and return to function. While an injured employee may need to temporarily modify some activities, in most cases he or she will fully recover. An employee who experiences a work-related injury or illness may be in pain and fearful that working will make it worse. A FFW evaluation provides reassurance that the employee is capable of safely returning to full duty or a temporary modified job with minimal risk of re-injury. Returning to work as soon as it is medically safe to do so has numerous benefits:

1. Working and staying active contributes to overall health and well-being.
2. Work provides a sense of purpose and social stimulation.
3. Not working can lead to feelings of isolation, depression and unnecessary chronic disability.
4. The longer someone is off work, the greater the likelihood they will never return to the workplace. This has significant impacts on personal lives, employers and society as a whole.
5. Being at work helps sustain productivity and reduces the pressure absence may place on co-workers, the employer and family members.

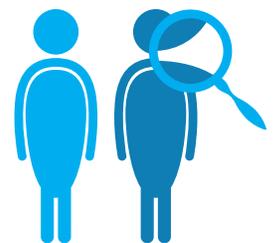
Post-Offer or Pre-Assignment Clearance

Post-offer or pre-assignment fitness-for-work evaluations typically are used to determine if there is a match between an individual's functional capabilities and the physical requirements of the job. It may include a combination of a physical exam and a functional capacity assessment using testing methods that are considered proven and objective. It is critically important for the evaluator to have access to an accurate, up-to-date and valid functional job description.

Reasonable Cause

The "reasonable person" standard applies to an observed tapering off in performance. This phrase is frequently used in legal settings to denote a hypothetical person in society who exercises average care, skill and judgment in conduct, and who serves as a comparative standard for determining liability. A reasonable-cause assessment is likely warranted when an employee:

- Exhibits pain behaviors (e.g., limping, grimacing).
- Acts in an odd or inappropriate manner.



- Seems to be accident-prone or distracted.
- Has frequent or unexplained absences.
- Shows a steady performance decline.
- Is caught lying or stealing.
- Shows physical or behavioral signs of substance use.

Impairment at Work

Impairment at work often manifests itself as presenteeism. The American College of Occupational and Environmental Medicine's (ACOEM's) Health and Productivity Management Center defines presenteeism as health-related productivity loss while at work. The concept incorporates:

- Time on task: In the workplace but not working, e.g. "sleeping it off."
- Quality of work: Incidence and magnitude of mistakes, e.g., injury rates, product defects.
- Executive functions, e.g., creativity, initiative.
- Quantity of work output.
- Capacity for peak performance.
- Interpersonal factors:
 - Social function (positive morale impact of optimal health)
 - Addictions (manipulative behaviors)
 - Personality disorders (criminal behaviors)
 - Mood disorders (irritable with customers)
- Motivational: Observing a sick employee's low output lowers the expectations of fully healthy workers for their own performance.
- Work culture: The collective health or impairment level creates a culture that has a positive or negative effect on the health of the group.

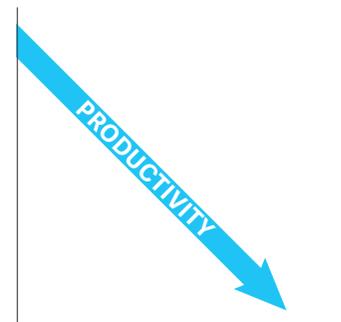
Presenteeism directly impacts business operations, but it can be difficult to quantify related losses. All employees experience a less-than-fully-productive day now and then. In one study, a Global Corporate Challenge survey of 2,000 employees using the World Health Organization's Workplace Health and Productivity Questionnaire for validation found the average rate of absence per employee was four days a year. However, respondents self-reported being unproductive on the job an average of 57.5 days a year, or about 75 percent of their productivity level at a cost 10 times higher than the cost of absence.¹¹

Impairment may be caused by stress, family tension, ailing elders, medication, physical symptoms, and medical or mental diseases. In a multi-employer analysis of more than 300,000 pharmacy claims, 120,000 medical claims and 15,000 employees' health-related productivity costs, ACOEM and the Integrated Benefits Institute applied an employee survey instrument (the Kessler Health and Work Performance Questionnaire) to these data. Ten health conditions most often associated with lost productivity were identified: musculoskeletal complaints, depression, fatigue, chronic pain, sleeping problems, high cholesterol, arthritis, hypertension, obesity and anxiety.¹²

The health and safety risks associated with these types of conditions may only reveal themselves through an assessment. Additionally, an assessment of work fitness may be conducted in response to a suspected impairment, such as when:

- An individual has concerns about his or her own health and requests it.

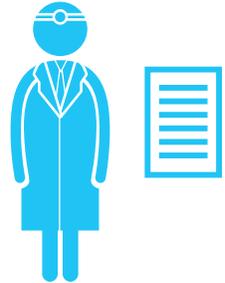
Presenteeism:
health-related
productivity loss
while at work



- Co-workers or family members question an individual's capacity to work safely.
- An employer observes behaviors that suggest an employee poses a risk of harm to self and others or a pattern such as interpersonal conflicts or failure to meet production quotas.

Protocols

Following a request from an employer, an occupational physician or other qualified medical professional should follow established protocols and best clinical practices to determine whether restrictions are medically indicated, and if so, for how long. All findings must be documented, including any specialist medical opinions or lab test results ordered as part of the evaluation process. The evaluator is expected to:



1. Integrate information obtained from various sources, such as occupational health, human resources, safety, legal, supervisors and confidential medical records.
2. Perform the assessment, either in person or through a surrogate.
3. Issue an opinion, for example: Is the individual capable of performing the job with an acceptable degree of risk? Are job accommodations needed?
4. Keep information confidential.

The evaluator is required to advise the applicant or employee, but not the employer, in the event an assessment identifies previously undetected health conditions that have no impact on the job, or if an existing health issue could potentially be aggravated by physical demands or environmental hazards. An employer can have liability if an assessment and follow-up notice to an applicant or employee is found to be neglectful. (Refer to *Coffee v. McDonnell-Douglas Corp.*, 8 Cal.3d 551.)

III. Complying With Applicable Laws and Regulations

Certain laws and workplace regulations enacted to protect employees' medical privacy and right to work in a safe and healthy environment apply to the FFW assessment process. It is incumbent on EH&S professionals to be familiar with the laws and regulations that apply in their jurisdiction and to their specific industry.

The following briefly summarizes applicable federal statutes:

Americans with Disabilities Act

This landmark legislation originally enacted in 1990 and later amended in 2008 allows applicants and employee medical evaluations to be performed on a post-offer and return-to-work basis as long as they are job-related, consistent with business necessity and equally applied. All applicants in the same job category must receive the same assessment. A separate psychological exam may be used to identify a mental health disorder or impairment; it cannot be used to single out people with "undesirable" personality traits.

ADA

An employer may use work-fitness assessment results to create suitable job accommodations for a worker with physical disabilities or deny placement based on evidence of an inability to provide reasonable accommodations. Under the ADA, a reasonable accommodation may consist of job modifications, workstation or schedule adjustments, or a limited leave of absence. An accommodation is not considered reasonable if it poses a danger to an employee, co-workers or third parties, or if it will place an undue hardship on the business.

A FFW assessment helps identify protected disabilities. The discovery of a covered disability triggers a required reasonable accommodation analysis. An ADA-protected disability is defined as:

- A physical or mental impairment that substantially limits one or more major life activities.
- A record of physical or mental impairment.
- Being regarded as having an impairment.

In general, the ADA does not apply to transitory conditions such as a broken leg, conditions controlled by medication or devices (such as eye glasses), and certain physical characteristics.

According to the Equal Employment in Opportunity Commission (EEOC), the federal agency that enforces certain provisions of the ADA, not every physical characteristic constitutes an impairment. For example, normal deviations in height, weight or strength are not impairments. However, morbid obesity (weight that is 100 percent or more over what is considered normal) is an impairment and will be considered a disability if the applicant or employee can show that it substantially limits a major life activity.

Family and Medical Leave Act

Under the FMLA an employer may require an employee returning from health leave to present medical certification verifying fitness to resume work. The certification applies exclusively to the health condition associated with the leave. An employer may contact the medical evaluator to clarify and authenticate certification, but not obtain specific medical information. An employer may require an updated fitness-for-duty certification every 30 days as long as reasonable health and safety concerns exist.

FMLA

Genetic Information Non-Discrimination Act

GINA prohibits the use of family medical history and other genetic information as part of an assessment intended to determine an applicant's or employee's ability to perform a job. It protects applicants who may have a genetic predisposition for a specific injury or illness from being denied placement in a job that could potentially exacerbate the condition.

GINA

Health Insurance Portability and Accountability Act

HIPAA is a far-reaching statute intended to protect patient privacy and ensure data integrity. It applies to the coordination of health care services – including medical surveillance, case management, disability review and onsite medical evaluations. It requires covered entities to make reasonable efforts to limit the amount of protected health information (PHI) that a medical professional uses or discloses to an employer to the minimum amount necessary. HIPAA does not apply to workers' compensation cases. However, many employers consider compliance with at least minimal privacy and security standards to be best practice – regardless of the nature of the complaint, delivery setting or circumstances. Typically, only legal and medical departments within companies have truly secure firewalls. At the workplace, access by other departments to medical information should be restricted. Documentation containing PHI must be stored in accordance with OSHA regulations ([29 CFR, Part 1910 – Access to Employee Exposure and Medical Records](#)). Medical records cannot be released to an unauthorized party without an employee's express written consent and authorization, except under specific circumstances that must be explained.

HIPAA

Wrongful Discharge

In general, an employer who discharges a person with a disability may do so only if the employer can demonstrate that:

- The person is unable to perform essential job functions.
- No essential reasonable accommodation exists that would enable the person to perform essential job functions.
- The person would create an imminent and substantial danger to himself/herself or a substantial danger to others by performing the job.
- No reasonable accommodation can be made to remove or reduce danger.

IV. Adopting a Comprehensive Policy

To maximize their value, fitness-for-work evaluations should be part of a comprehensive, written workplace policy designed to promote effective management of complex workplace health and safety issues. The document should include supportable job demands for each position. Related components may include:

- Coaching staff on physical, behavioral and emotional signs of impairment and how to intervene.
- Pathways for safe return to work.
- Drug-free workplace policy and drug-and-alcohol testing parameters.



- Exercise, nutrition and disease management programs.
- Employee assistance, counseling and other behavioral health interventions.

A company may also adopt procedures, practices and design considerations that apply to ergonomic solutions in the workplace, including assessment of the fit between the worker and the workstation. While the U.S. does not have a mandated ergonomics standard, OSHA has issued guidance, and other organizations such as the International Standards Organization and the American National Standards Institute have published related standards.

Many employers look to government agencies, including the U.S. Nuclear Regulatory Commission and those operating within the Department of Transportation, for guidance on fitness-for-duty requirements designed to protect employees and the public. Industries with safety-sensitive jobs and organizations representing fire, police and other public safety professions are another reliable source.

Training

Education is key: Senior leaders, EH&S professionals and frontline supervisors should be coached on the management of FFW programs. Employees should have access to resources to increase their awareness of healthy behaviors.

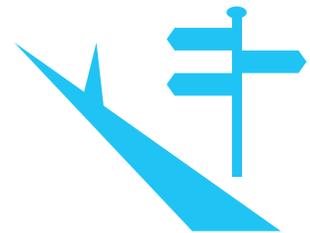
Return-to-Work Pathways

An ACOEM guidance document on *Preventing Needless Work Disability by Helping People Stay Employed*¹³ outlines steps employers can take to overcome return-to-work barriers such as:

- Not providing temporary modified work.
- Allowing “light duty” to be perceived as a cushy assignment or meaningless work.
- Failing to intervene early.

Employers are encouraged to develop transitional work programs and consult with clinicians who use practical, evidence-based methods to evaluate and document workers’ functional abilities. In another paper, ACOEM advises personal treating physicians to make sure their patients’ current capabilities match or exceed the physical, psychological, cognitive and social demands of proposed work tasks.¹⁴

An initial encounter can be effectively managed in person by onsite clinic staff, over the phone or via a virtual telehealth connection in order to create a path for successful return to work. The occupational clinician can also help facilitate a visit to an offsite clinic for further evaluation and/or medical treatment, and engage in a peer consultation with the treating provider on potential physical restrictions and return-to-work pathways. For example, WorkCare uses all of these modalities, including a 24/7 contact center to help employees and employers better manage work-related injuries such as sprains and strains, minor cuts and skin rashes. WorkCare finds that employees who receive immediate care guidance and reassurance from an occupational health nurse and/or physician usually elect to take care of themselves with first-aid remedies and are able to safely return to work before lost time occurs.



Drug-and-Alcohol Programs

The Drug-Free Workplace Act was enacted in 1988. Since then, Quest Diagnostics' analysis shows that drug use among American workers has declined 74 percent, while the rate of positive test results for certain drugs – including amphetamine and opiates – has continued to climb. In workplaces without a drug testing program, Quest Diagnostics' analysis of combined DTI and NSDUH data found:

- The rate of employee illicit drug is 13.9 percent compared to 9.5 in workplaces with a drug testing program.
- There is typically a 30 to 45 percent higher occurrence of self-reported drug use.

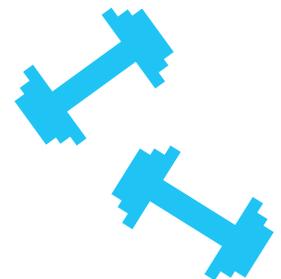
Workplace drug testing programs have been proven to be valuable tools for deterrence and the promotion of safe and healthy work environments. For the purposes of assessing fitness for duty, alcohol and drug testing may be performed under the following circumstances:

- Pre-placement
- Government-mandated
- Post-damage or injury
- Safety- or security-sensitive

A safety-sensitive position refers to a job in which the employee is responsible for his or her own and other people's safety. It also refers to jobs that would be particularly dangerous if performed under the influence of drugs or alcohol. Safety-sensitive jobs include the use of heavy machinery, operating public modes of transportation or dealing with hazardous chemicals. While employees who perform safety-sensitive functions are expected to submit to drug-and-alcohol screening, random testing is not typically used in FFW assessment situations.

Exercise, Nutrition and Disease Management Programs

Wellness generally refers to health promotion, disease prevention programs and activities offered to employees as part of an employer-sponsored group health plan or separately as a benefit of employment. Many of these programs ask employees to answer questions as part of a health risk assessment and/or undergo biometric screening for risk factors such as high blood pressure or cholesterol levels. Wellness programs typically provide educational materials and classes on nutrition, weight loss and smoking cessation; onsite exercise facilities; and/or coaching to help employees meet health goals. Employers may provide limited financial and other incentives in exchange for an employee answering disability-related questions or taking medical examinations as part of a workplace wellness program.



The EEOC states that an employee health program must be “reasonably designed to promote health or prevent disease.” A wellness program that asks employees to answer questions about their health conditions or have a biometric screening or other medical examination for the purpose of alerting them to health risks is considered reasonable. Collection and use of aggregate health risk assessment (HRA) findings to design and offer targeted programs also meet this standard. A program is not considered to be reasonably designed if it asks employees to provide medical information on a HRA without providing any feedback about risk factors or uses aggregate information to design programs or treat any specific conditions. An employer cannot require an overly burdensome amount of time for participation, involve unreasonably intrusive procedures or require employees to incur significant costs for medical examinations.

Employee Assistance Programs

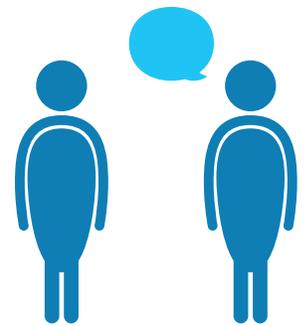
A FFW assessment may be used to identify the need for an EAP referral for further evaluation, counseling and other interventions related to mental health or substance use issues. An EAP may be used as a resource for return-to-work monitoring and unannounced follow-up testing in the event an employee has a positive drug test. In many cases, family members may access EAP counseling services.

The [Employee Assistance Professionals Association's Workplace Outcome Suite 2016 Annual Report](#) features findings from a survey of 13,400 EAP participants.¹⁴ Among the results reported:

- Survey participants missed 12.2 hours of work over a 30-day period before EAP services were offered. After 90 days of EAP services, participants missed 6.5 hours of work over 30 days, a 46.4 percent improvement.
- Participants experienced a 26.7 percent improvement in concentration at work after 90 days of EAP services.

In Summary

There is not a single, stand-alone solution that can be introduced to reduce risks associated with behaviors or conditions that may impair fitness for work. EH&S professionals and their colleagues must apply a combination of strategies in order to provide adequate protections for employees, employers and the public.



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PROTECTING AND PROMOTING EMPLOYEE HEALTH FROM HIRE TO RETIRE

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WorkCare is a U.S.-based, physician-owned occupational health company established in 1984 by Peter P. Greaney M.D. WorkCare's clients include employers of all sizes and types in the U.S. and abroad. The company's team of clinical and subject matter experts deliver integrated solutions including 24/7 telephonic and virtual injury and illness management; onsite clinic operations and staffing; medical surveillance exam and travel program management; and consulting occupational medicine physicians.

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