



Real Life Scenarios

How to Address Non-Medical Issues

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Objectives

- ▶ List two examples of non-medical issues that can present in the occupational health clinic
- ▶ Describe the negative impact of ignoring an employee's poor performance
- ▶ Explain two strategies for communicating with supervisors, HR, and the EAP to assist employees to optimal performance and health

The Problem



- ▶ Issues come to the occupational health center that should not be managed by occupational health
- ▶ Managers/Supervisors avoid addressing poor performance
- ▶ Even poor performers get sick
- ▶ Managers/Supervisors and employees are not always knowledgeable of their company policies and procedures
- ▶ Employees are sent to the occupational health center without explanation

Great Opening Lines

- ▶ “Tell me what brings you here today?”
- ▶ “How can we help you today?”

An “I have no idea, my supervisor sent me” answer from the employee requires investigation.

* Call supervisor



Case: Bag of Bones

“Hey, can you help me out with this?”

I was digging a hole in my yard to put in a fence post and found these! Are they human?

Should I call the police?



Case: Employee gets lost, forgetful

- ▶ Supervisor sends employee to Health Center with concerns that she gets lost delivering the mail and seems “scatter brained.”

Suggestions:

- 1 Interview supervisor and get objective examples of concerns
- 2 Interview employee starting with “What brings you here today?”
Obtain history
- 3 Physical as appropriate to occ. Health practice
- 4 Obtain consent and communicate with private healthcare provider

Case: Lost EE cont.

Result:

Occ. Health MD and PMD collaborated. Employee assessed, labs and exam revealed a new diagnosis of hypothyroidism.

Placed on medication and symptoms resolved and performance returned to normal.



Case of the Cat Lady

“Hi, I have 18 cats.

You shred a lot of documents and medical records here right?

Can I have your bags of shredded papers to use for kitty litter?”

Case: Poor Performer

- ▶ Supervisor, co-worker, union representative may notice changes in performance or behavior and refer employee to the Occ. Health Center.
- ▶ Best Practice Procedures:
 - ▶ Supervisor has private discussion with the employee to discuss the concerns.
 - ▶ Supervisor, as part of their process, may make a referral to Occ. Health Center by first notifying and discussing the issues with the Health Center
 - ▶ Employee evaluated at Occ. Health Center

Poor Performer (cont.)

- ▶ Result of evaluation of employee
 - ▶ No medical issues identified. Communications back to supervisor: “Thank you for your referral of the employee to the Health Center. We have not identified any medical/health issues that would contribute to (list concerns from supervisor). The employee is clear for full duty.”
 - ▶ Medical issue identified or suspected. Communications sample script: “Thank you for the opportunity to see this employee. Possible medical issues may be present and further evaluation is necessary outside the occupational health center. The following restrictions are appropriate (list here), follow up appointment with Occ. Health Center is (date).”

Consequences of “Do Nothing”

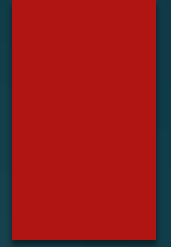
- ▶ Employee may not be aware of the issues
- ▶ Poor morale for co-workers
- ▶ No road to improvement is started
- ▶ Can lead to a downward spiral with more serious consequences

- ▶ Addressing poor performance issues forces the employee toward (choices):
 - ▶ Identifying concerns and taking actions to correct them or
 - ▶ Ignoring concerns and travelling down the path that may lead to termination

Consequences of “Do Nothing”

“Effective leadership has often been equated with organizational effectiveness and profit.”

Sample Supervisor Script: Initial meeting to address concerns



Sandwich Technique delivery (good, challenging, good)

“Your work on the ABC project last month was excellent.

But more recently, you have arrived at work late 6 times, several deadlines were missed, and you were asleep at your desk twice this week. How do you explain this?

This is our verbal discussion about concerns with your work. Going forward, let's meet weekly to touch base. You must arrive at work on time, meet deadlines, and can not sleep at work. Here is the phone number to our EAP where you can discuss issues privately. Also, please go to the Health Center, they will be expecting you. There you can privately discuss any health/medical issues and they may be able to guide you, if that's what may be a concern.

Do what you need to do and we'll support you to reach the win-win of you being at your best and our department being at its best. Is there anything else I can do to support you?

Let's work together. We value you and know we can move forward in a successful and positive way.”

Tool Kit for Supervisors

- ▶ Company policies
- ▶ Training for management
 - ▶ Dealing with challenging employees
 - ▶ Positive Discipline or Performance Plans
- ▶ Templates for Documentation
- ▶ Human Resources
- ▶ Employee Assistance Program
- ▶ Occupational Health Center
- ▶ Union
- ▶ Peer support
- ▶ Management support
- ▶ Security



Case: Employee Stressed

- ▶ Employee presents in Occ. Health Center stating stress from work and a “mean boss.”
- ▶ Best Practice
 - ▶ Take careful history and basic vitals
 - ▶ Identify level of stress and take appropriate actions and referrals
 - ▶ Consider counselling employee to speak to supervisor about stressors. May wish to include Human Resources.

Case: Reasonable Suspicion: **Not** Just for the DOT

- ▶ Be current with Federal Regulations
- ▶ Know company policy
- ▶ Be fair and equitable
- ▶ Involve as appropriated - (HR, Supervisor, Union, MD etc)
- ▶ Be safe (have Security or Supervisor nearby)

Reasonable Suspicion

Sample Supervisor/Occ Health Professional Check List

**FITNESS FOR DUTY
OBSERVED BEHAVIOR / REASONABLE SUSPICION RECORD**

Employee Name: _____ SSN: _____ Company: _____
Location of Observation: _____ Observation Date: ____/____/____ Observation Time: _____

OBSERVE THE EMPLOYEE AND CHECK ALL OF THE FOLLOWING THAT APPLY:

APPEARANCE
 Normal Disheveled Sleepy Unkempt Inappropriately Dressed

AWARENESS / ALERTNESS
 Normal Confused Lethargic Disoriented Euphoric

SPEECH
 Normal Slow Slurred Silent Incoherent Shouting

DEMEANOR
 Normal Hostile Excited Irritable Silent Talkative

WALKING / STANDING
 Normal Stumbling Swaying Unsteady Holding On Unable To

EYES / PUPILS
 Normal Bloodshot Water/Tearful Droopy Sunglasses Constricted

BREATH / BODY ODOR
 No Odor Alcohol-like Marijuana-like Gum/mint-like Sour/Unwashed Other _____

OTHER OBSERVATIONS AND/OR OTHER PHYSICAL EVIDENCE: _____

ASK THE EMPLOYEE TO EXPLAIN THE ABOVE-NOTED OBSERVATIONS.
Employee Response: _____

Case: Employee asleep at desk

- ▶ Interview and assessment
 - ▶ Possibilities?
 - ▶ New medication or recent dose change
 - ▶ Late night Red Sox game
 - ▶ Going through divorce, loss of a loved one
 - ▶ Caring for ill family member
 - ▶ Business travel
 - ▶ Narcolepsy
 - ▶ etc.

Strategies for Effective Communication with Supervisors, HR, Security, and EAP

▶ General and Ongoing

- ▶ Attend interdepartmental meetings
- ▶ Site visits to departments
- ▶ Periodic 1:1, face to face discussions

▶ Specific Case

- ▶ Telephonic or in person
- ▶ Provide education in a collaborative way
- ▶ Brainstorm win-win solutions ideas
- ▶ Be informative within limits of confidentiality
 - ▶ Where appropriate, consider signed consents by the employee
- ▶ Foster a collaborative team effort
 - ▶ Include ee where appropriate

Case: Medical Parking for Leadership

- ▶ Occ. Health Manager is approached to provide a Medical Parking Tag for a company leader's car
 - ▶ Further investigation reveals there are no health issues
 - ▶ “He is very important and needs to have VIP parking close to the building”
- ▶ Not an occupational health issue



Case: Horse Play

EE comes to Health Center stating his co-workers played a trick on him by placing human excrement under his company truck seat on a hot summer day.

Horse play, bullying, harassment, and hostile work environment warrant Human Resources and Security involvement...

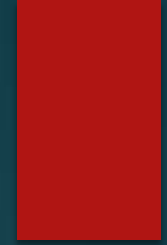
... and yes, the Health Center too when he shows that he accidentally stuck his hand in it.



The Solutions

- ▶ Create collaborative partnerships toward a common goal of a healthy, safe, and productive workforce.
 - ▶ Refer employees to valuable resources (EAP, Primary Care, Human Resources, Rehabilitation etc)
 - ▶ Educate the supervisor and the employee of company policies, roles of various stake holders and the consequences of inaction.
 - ▶ Do not engage in activities that are not Occupational Health responsibilities

Summary



Issue	Occ. Health?	Recommendations
EE Wants Shredded Paper	No	Just say "no"
Identify yard bones	No	Refer to town authorities or local vet
Medical Parking for healthy Leader	No	Refer to company Facilities Manager
Mean Boss	Maybe	Eval ee, refer as appropriate
Poor Performer	Maybe	Eval ee, refer as appropriate
Reasonable Suspicion	Yes	Eval ee, follow company policy & regulations
Employee sleeping at desk	Maybe	Eval ee, refer as appropriate
Surprize under the seat	Maybe	If contact, process as exposure, and include HR for horse play/harrassment

Resources

- ▶ aaohn.org
- ▶ Fundamentals of Occupational and Environmental Health Nursing, 2014, AAOHN Academy, AAOHN Inc.
- ▶ Mullahy, Catherine M., 2017 The Case Manager's Handbook 6th Edition, Jones & Bartlett Learning LCC.
- ▶ www.fmcsa.dot.gov/regulations/drug-alcohol-testing/implementation-guidelines-alcohol-and-drug-regulations