

TOWN OF NEWTON

FITNESS FOR DUTY POLICY

(Adopted on April 6, 2009)

The Town of Newton (“Town”) is committed to providing a safe environment for our employees and individuals that we support. We have adopted this Fitness for Duty policy in furtherance of our continuing efforts to improve the safety of our workplace.

Definitions

Fitness for Duty: Able to work safely, properly, and perform normal work duties without impairment.

Drug: Any over-the-counter medication, prescribed medication, illegal or controlled substance, or any alcoholic beverage.

Fitness for Duty Examination: An announced or unannounced medical examination and/or drug and/or alcohol test.

Responsibilities

- Any employee who feels for any reason that he or she is not fit for duty should immediately disclose this to his or her supervisor. Employees who are taking prescribed medication or other drugs that could impair their ability to safely perform their job functions should discuss this confidentially with the Human Resource Manager, or designated person, so that alternative arrangements may be made.
- All employees must report to their supervisors, the Human Resource Manager or designated person any employee who may be unfit for duty. Reports will be kept confidential to the extent possible and will be made available only to those individuals with a “need-to-know,” unless otherwise required by law.
- If a supervisor receives a report or otherwise believes that an employee may not be fit for duty, the supervisor should immediately contact the Human Resource Manager or designated person.
- The Human Resource Manager or designated person will make a determination, within his or her discretion, whether it is appropriate to require the employee to go for a fitness for duty examination.
- Employees who are required by the Human Resource Manager, or designated person to report for fitness for duty examinations must report for and consent to the examination as scheduled as a condition of continued employment. While the examination will not be conducted without the employee’s consent, refusal to submit to the fitness for duty examination may lead to disciplinary action up to and including immediate termination of employment.

Prohibited Conduct

All employees are required to follow the Town standards of conduct. In addition, the following is a non-inclusive list of prohibited conduct that may lead to the requirement to submit to a fitness for duty examination:

- Inability to conduct oneself in a professional manner; i.e., excessive anger, aggressive behavior, inappropriate language, or other inappropriate distractions.
- Reporting for work or working in a condition physically or mentally unfit for duty or arriving at work under the influence of an illegal or unauthorized drug or alcohol.
- Use, possession, sale, purchase and/or transfer of alcoholic beverages, illegal drugs or other intoxicants at any time on Town premises or while on Town business.
- Smelling of alcohol or drugs while reporting to work or working.
- Failure to follow fitness-for-duty policies and procedures.
- Excessive or unexcused absence or tardiness.
- Carelessness or negligence; violation or neglect of safety regulations; or violation of other commonly accepted standards and policies.

Confidentiality

- All information regarding fitness for duty referrals and examinations must be kept as confidential, and disclosed only on a strict “need to know” basis.
- The results of any and all fitness for duty examinations will be treated as confidential and be made available only to those individuals with a “need-to-know,” unless otherwise required by law. The test results will be filed separately from the employee’s personnel file.

Guidance to Supervisors

Any questions regarding this policy should be directed to the Human Resource Manager or designated person.

Supervisors should not attempt to use force in seeking compliance with the assessment or fitness for duty examination.

Make the necessary arrangements to have the employee taken home. Do not permit the individual to drive if you believe that the employee is impaired.

If the employee refuses assistance, then make sure you document that the employee refused such assistance. However, if any employee cannot control his/her actions, then under no circumstances should he/she be allowed to leave without assistance. If this cannot be avoided, call the local police to alert them of the situation.

Fitness for Duty continued

SUPERVISOR'S OBSERVATION CHECKLIST

DESCRIBE THE PRESENTING PROBLEM:			
DIRECTIONS: To be completed by Supervisor as a record of visual observation before and during employee interview.			
1. WALKING/STANDING	<input type="checkbox"/> stumbling <input type="checkbox"/> normal <input type="checkbox"/> unable to _____	<input type="checkbox"/> staggering <input type="checkbox"/> swaying	<input type="checkbox"/> falling <input type="checkbox"/> holding on
2. SPEECH	<input type="checkbox"/> shouting <input type="checkbox"/> normal <input type="checkbox"/> slurred	<input type="checkbox"/> slow <input type="checkbox"/> rambling/incoherent	<input type="checkbox"/> silent <input type="checkbox"/> whispering
3. Demeanor	<input type="checkbox"/> normal	<input type="checkbox"/> sleepy <input type="checkbox"/> talkative <input type="checkbox"/> mood swings	<input type="checkbox"/> crying <input type="checkbox"/> excited <input type="checkbox"/> withdrawn <input type="checkbox"/> silent <input type="checkbox"/> agitated <input type="checkbox"/> anxious
4. ACTIONS	<input type="checkbox"/> normal	<input type="checkbox"/> resisting communications <input type="checkbox"/> threatening <input type="checkbox"/> mood swings	<input type="checkbox"/> isolated <input type="checkbox"/> drowsy <input type="checkbox"/> hyperactive <input type="checkbox"/> fighting <input type="checkbox"/> hostile <input type="checkbox"/> erratic
5. EYES	<input type="checkbox"/> normal	<input type="checkbox"/> bloodshot <input type="checkbox"/> glassy	<input type="checkbox"/> watery <input type="checkbox"/> droopy <input type="checkbox"/> dilated <input type="checkbox"/> closed
6. FACE	<input type="checkbox"/> normal	<input type="checkbox"/> flushed	<input type="checkbox"/> pale <input type="checkbox"/> sweaty
7. APPEARANCE / CLOTHING	<input type="checkbox"/> normal	<input type="checkbox"/> unruly <input type="checkbox"/> messy	<input type="checkbox"/> inappropriate <input type="checkbox"/> dirty <input type="checkbox"/> stains on clothing <input type="checkbox"/> partially dressed
8. BREATH / ODOR	<input type="checkbox"/> no alcoholic odor <input type="checkbox"/> faint alcoholic odor <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> alcoholic odor	
9. MOVEMENTS	<input type="checkbox"/> normal	<input type="checkbox"/> fumbling <input type="checkbox"/> nervous	<input type="checkbox"/> jerky <input type="checkbox"/> hyperactive <input type="checkbox"/> slow
10. EATING / CHEWING	<input type="checkbox"/> gum <input type="checkbox"/> OTHER - Identify if possible _____	<input type="checkbox"/> candy	<input type="checkbox"/> mints
11. OTHER OBSERVATIONS:			
12. PRIOR HISTORY:			
13. IMPRESSION: <input type="checkbox"/> Fit for duty; may return to duty. <input type="checkbox"/> Unfit for duty; needs further evaluation			
SUPERVISOR SIGNATURE		DATE	TIME
SECOND SUPERVISOR SIGNATURE/WITNESS [CIRCLE ONE]: I agree / I disagree with the above assessment.		DATE	TIME

FITNESS FOR DUTY CONSENT AND RELEASE

I acknowledge that I have been provided with a copy of the Town Fitness for Duty Policy and understand that I have been asked to submit to a Fitness for Duty examination. I further understand that if I fail or refuse to undergo the requested Fitness for Duty exam, I may be discharged from employment. I further understand that if the results of the Fitness for Duty exam indicate that I am not fit for duty, I may be placed on an administrative leave or other leave of absence; may be discharged from employment; or may be subject to disciplinary action.

I hereby release and hold harmless the Town of Newton, and its past, present and future elected officials, administrators, officers, employees, agents, representatives, and contractors from any claims, causes of action and/or liability arising from the Fitness for Duty examination and any decisions made concerning my continued employment based upon the results of the exam.

I consent to the Fitness for Duty Examination, including testing for the presence of alcohol, drugs, and/or other controlled substances if required. I consent to the release by the health professional or entity performing the Fitness For Duty examination of the results of the Examination to the Town's Human Resource Manager.

I understand that I may inspect or obtain a copy of the results of the Fitness for Duty exam.

I certify that I have read and understand the above statements, and I confirm that I have retained a copy of this Consent and Release form.

Date: _____

Employee
(Please print)

Employee
(Signature)

Date: _____

Town Representative

Fitness to Return to Work Certification

Instructions:

Immediate Supervisor: Give this form, with the employee's up-to-date job description attached, to the employee.

Employee: Have your health care provider review your attached job description and ask him/her to complete this form. Return the completed form to your supervisor before you return to work.

Health Care Provider: Please review the attached job description for this employee, complete this form, and return it to the patient.

Employee name: _____

Department: _____

Date the condition began: _____

Please check one of the following:

☐ The employee is able to work a full, regular schedule with no restrictions, beginning _____(date)

☐ The employee is unable to return to work until _____(date)

☐ The employee is able to return to work on a reduced schedule for ____ hours a day from _____(date) through_____ (date)

☐ The employee is able to return to work with restrictions from_____ (date) through_____ (date).

Fitness for Duty continued

Please indicate restrictions, if any, below for:

Standing (number of hours): _____

Walking (number of hours): _____

Sitting (number of hours): _____

Lifting (number of pounds): _____

Carrying (number of pounds): _____

Use of hands (repetitive motions, pushing, pulling): _____

Any other restrictions:

Signature of Health Care Provider: _____

Printed Name of Health Care Provider: _____

Date: _____