



**RETURN TO WORK/ ADDICTIONS**

**AND THE WORKPLACE 2019**

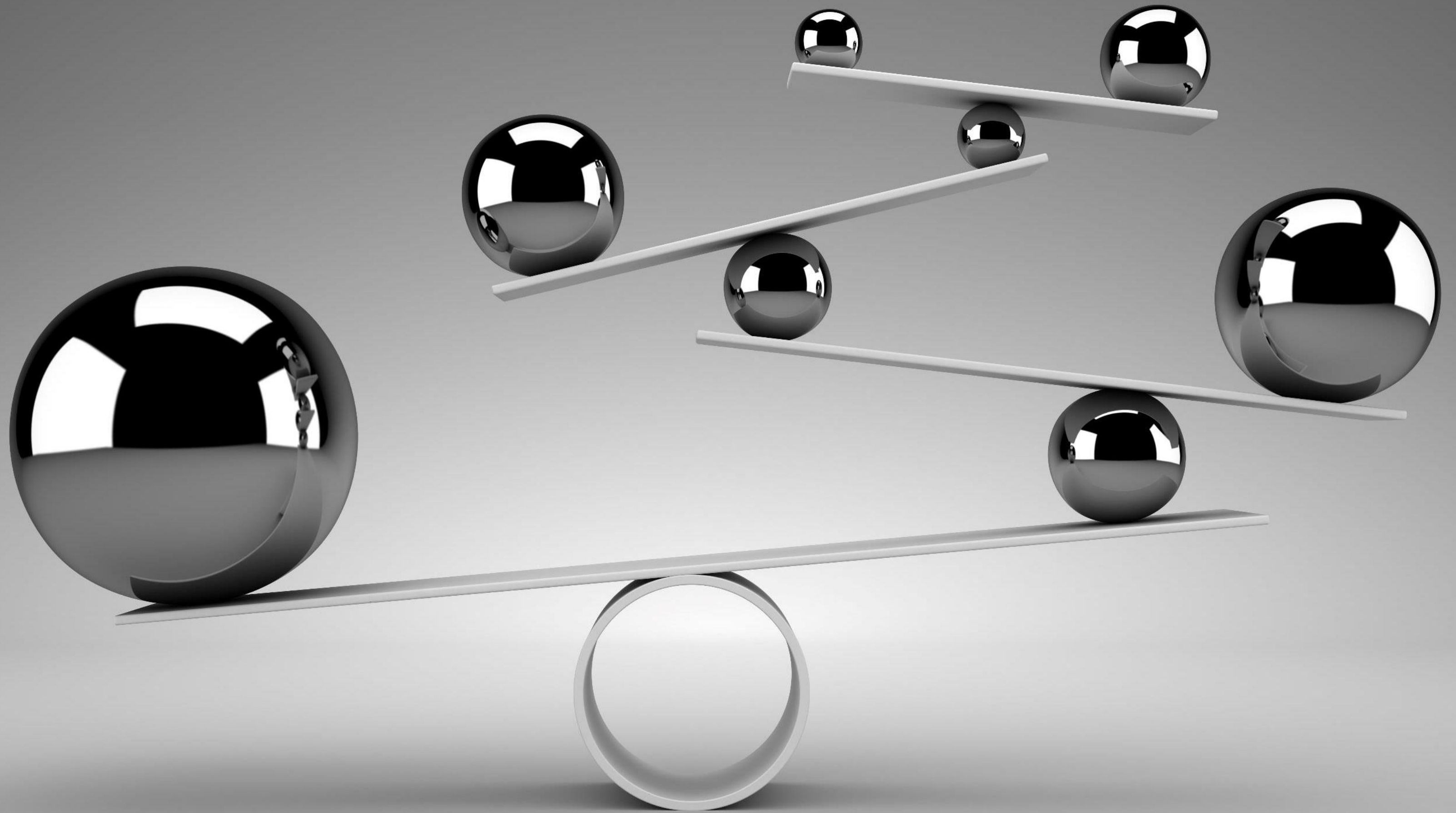
**European Conference for Socio Professional Rehabilitation  
Brussels, Belgium**

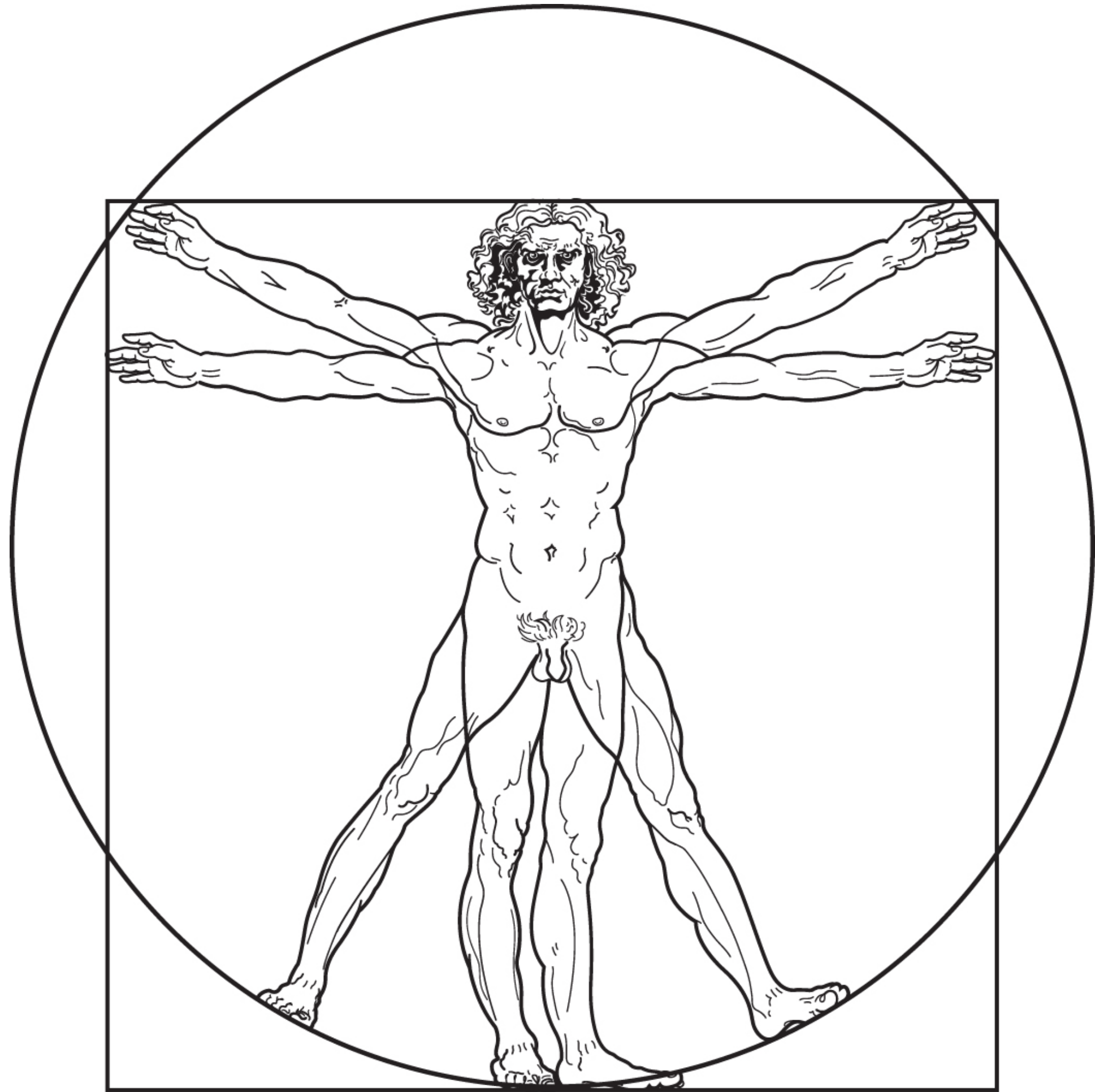
**CEMTA.ca / Anne Sophie Marsolais MDCM LMCC CCFM**

**March 7<sup>th</sup> 2019**

# Declaration

- No conflict of interest to declare





# Statistical information/ April 2017

**2800**  
employees

**4-year**  
implementation  
process

**21**

Caucasian  
employees between  
29-54 years of age  
diagnosed with  
addiction problem



**1/21**



**20/21**

**17/21** abstinent

**2/21** dismissed

**2/21** resigned

**10/17**  
follow-up  
completed

**7/17**  
ongoing  
follow-up

## Statistical information/ April 2017 (cont'd)

**7/21** Employees asked for “HELP” at the Health Office of their employer

**17/21** Manager/ Human Resources (HR) made inquiries to the Health Office/ **MED**

**19/21** Safety sensitive settings

**0/21** Suicide or attempted suicide

**13/21** Independent Medical Evaluation (IME) in addiction medicine

**14/21** IME in psychiatry

**8/21** Inpatient rehabilitation program on their OWN INITIATIVE

**7/21** Inpatient rehabilitation program recommended by Health Office or IME

**5/21** Outpatient rehabilitation program without inpatient admission

**1/21** No inpatient nor outpatient rehabilitation program

## Statistical information/ January 2019 (cont'd)

**17/21 Abstinent/ April 2017**

**12/17 Improved P-B-A**  
Present in workplace in January 2019

**1/17 Abstinent at time of leave**  
Resigned/reoriented career 2018

**1/17 Abstinent at time of leave**  
Pension plan due to permanent restrictions

**1/17 Relapsed Fall 2017**

**2/17 Abstinent at time of leave**  
Retired between 2017-2019

## Statistical information/ January 2019 (cont'd)

**12/17** Abstinent

**12/12** Improved P-B-A in workplace/ No MED

**0/12** Additionnal medical evaluation

**0/12** Suicide or attempted suicide

**0/12** Returned in detox or inpatient rehabilitation

**1/12** Outpatient clinic



## Statistical Information/ January 2019 (cont'd)

### 3/21 dismissed

Grievance decision April 2018  
dismissal maintained

Grievance settled out of court February 2019  
Agreements with dismissal maintained

Grievance settled out of court November 2018  
Agreements with dismissal maintained

### 3/21 resigned

2 reoriented their career

1 went back to his natal region

## Statistical Information/ January 2019 (cont'd)

- 17/21= 81% (April 2017)      16/17= 94% (2017-2019)      abstinent
- 12/16= 75% (January 2019) ----- abstinent
- 1/17= 6% (January 2019) ----- relapsed
- 3/21= 14% (January 2019) ----- dismissed
- 3/21= 14% (January 2019) ----- career reorientation
- 6/21= 28% (January 2019) ----- work elsewhere
- 12/12= 100% ( 2017 - 2019) Maintained their employability/ P-B-A

**WHO AND WHY?**

**WHERE?**

**WHEN?**

**HOW?**

**Employee /  
Union**

**Health office  
in workplace**

**Employer  
(manager / HR)**



**M** **Y** **T** **H** **S**

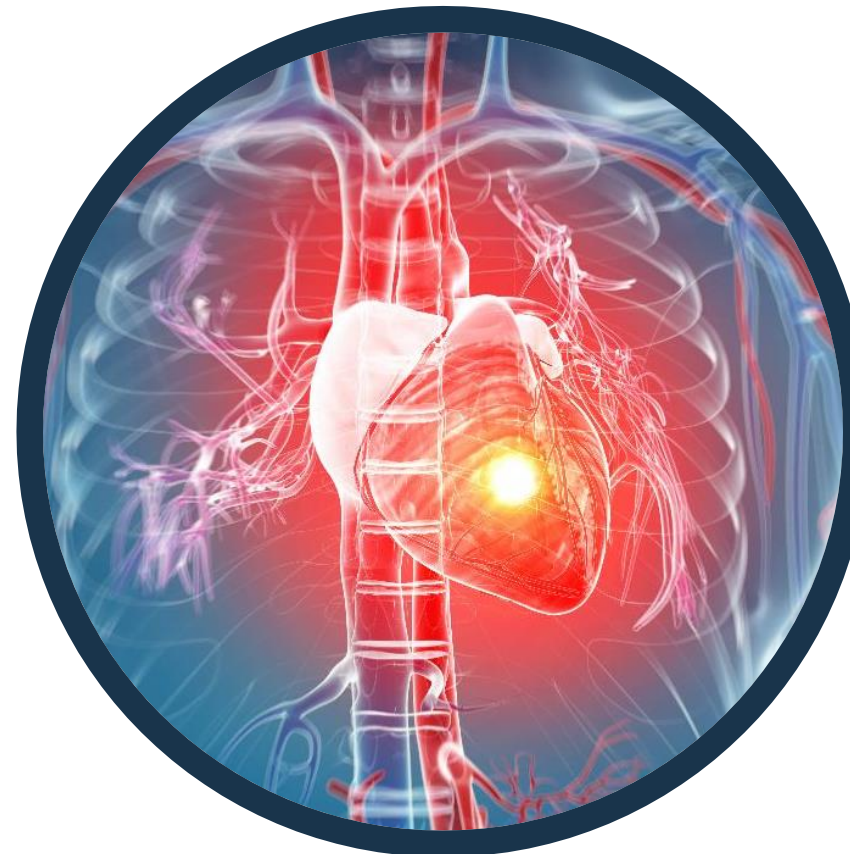
# Multidisciplinary

Blood work, vital signs,  
weight, etc.

Cardiology  
Department

Psychologist, nutritionist,  
physical trainer, etc.,

Cardiac monitoring



Nurses

MYOCARDIAL INFARCTION  
CARDIAC INSUFFICIENCY

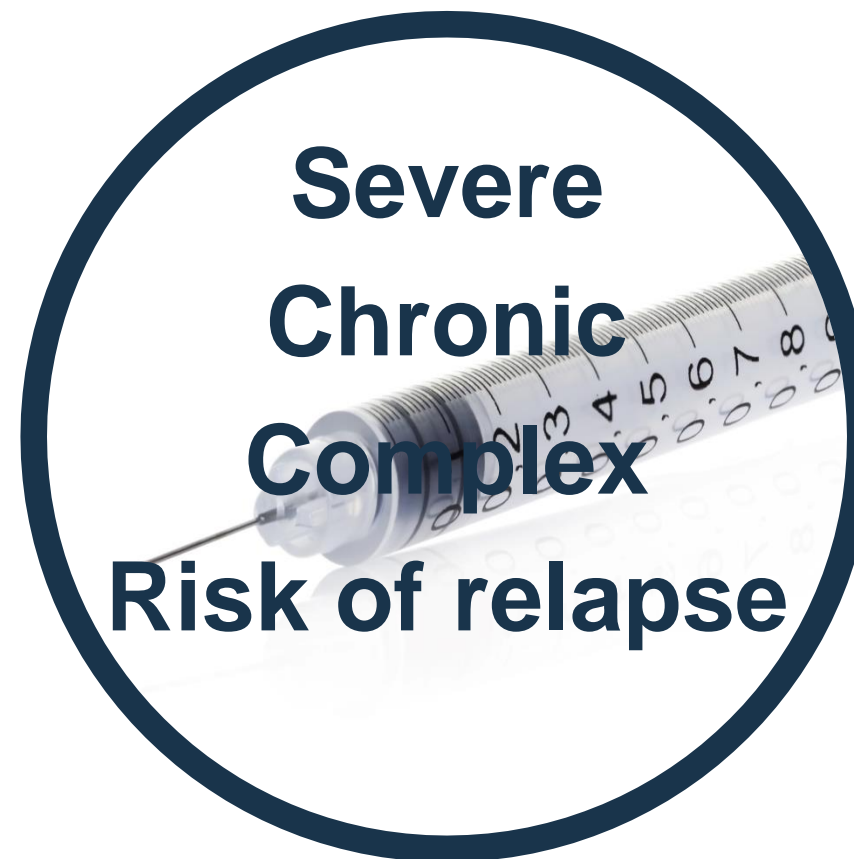
Family physician

# Multidisciplinarity in the Workplace

**WHY ?**

**Alone ?**

**Lets  
INNOVATE !!**

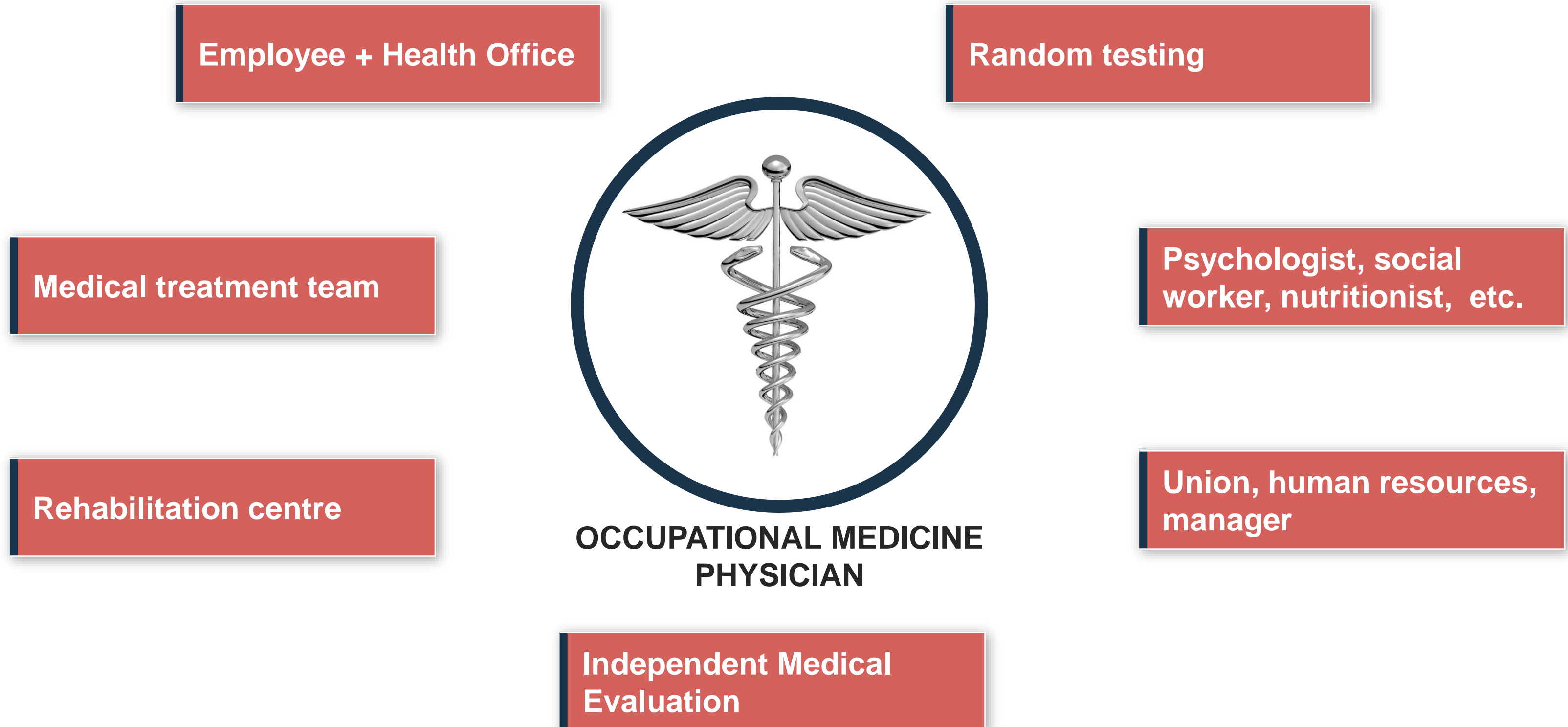


**ADDICTION**

**2019...**

**Think  
Differently...**

# Interactions in the Workplace





# Medical Requirements

**1) Therapeutic and/or medical reports**

every  
**6-10 weeks**

**2) Manager and HR reports**

every  
**6-10 weeks**

**3) Random tests**

**4) Occupational medicine physician  
follow-up in the workplace**

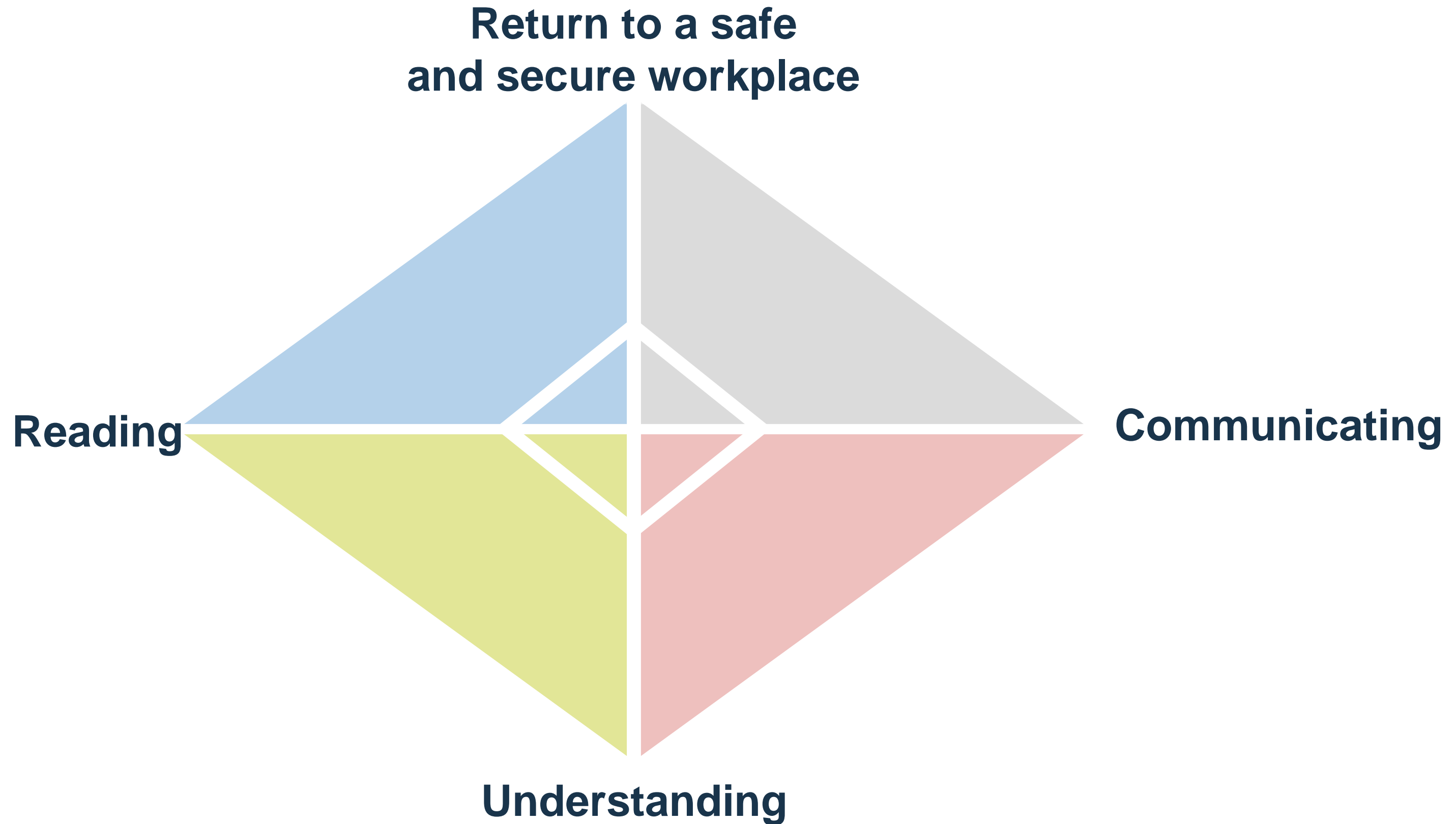
every  
**2-10 weeks**

**Employee is informed of Health Office's medical  
requirements.**

# Consent authorization

All communications with the medical and therapeutic treating team require the authorization of the employee.

# Ultimate Goals and Means



# When assigning duties, following factors must be taken into consideration

Driving duties

Working at heights or in confined spaces

Assuming decision-making responsibilities in emergency situations and/or under risky conditions

Working on electrical installations

Handling machinery at risk to employee or to others

**SAFETY  
SENSITIVE  
SETTINGS**

# When in doubt, ask yourself the following question

**Could an error or an omission have serious consequences for the employee, the colleagues, the public and/or the workplace installations ?**

# Conditions

Restrictions/Duration of restrictions

Accommodations ?!

# Post rehabilitation period

**After an internal rehabilitation program, we usually don't recommend more than one week off before a return to work**



An example  
of my report to  
manager/ HR  
can include the  
following  
components

Mr. A was evaluated on March 7th 2019 at the Health Office. The employee has a medical condition requiring treatment. He is responsible for compliance to treatment.

According to the medical record, the employee must comply with the Health Office's medical requirements in terms of treatment by providing proof of compliance.

The Health Office will conduct a follow-up for a minimum of 12 (24) months.



An example  
of my report to  
manager/ HR  
can include the  
following  
components

He will be able to return to work with the following temporary restrictions, duration of which will depend on his compliance to medical requirements.

### Restrictions

Employee must not:

- perform driving duties
- work at heights or in confined spaces
- work on electrical installations
- handle machinery at risk of causing injury to himself or to others
- assume decision-making responsibilities in emergency situations and/or under risky conditions

An example  
of my report to  
manager/ HR  
can include the  
following  
components

Employee's failure to comply with requirements issued by the Health Office will result in a notice of noncompliance to the manager, HR and the Union.

Paid sick leave is conditional to compliance with the medical requirements. This is administrative in nature.

or

Any performance, behavior and/or attendance issues are administrative in nature. The Health Office should be informed of these issues.

An example  
of my report to  
manager/ HR  
can include the  
following  
components

A formal agreement between the interested parties is recommended (manager and HR, employee and Union).  
The Health Office is available for discussion, as needed.



Extreme suffering of workers

Regular follow-up with a multidisciplinary interaction model encourages workers' sobriety and abstinence

Best employee

**Goals:** Offering safe and secure work conditions !!!  
Saving jobs and dignity !!!  
Productivity for ALL !!

**Comments?**

**Questions?**

**Suggestions?**

# References

- Fitness for Work the Medical Aspects, 5<sup>th</sup> Edition, edited by Keith Palmer et al, Oxford University Press, Faculty of Occupational Medicine of the Royal College of Physicians, 2013
- Diagnostic and Statistical Manual of Mental Disorders DSM-V
- Canadian Driver's Guide/ Determining Medical Fitness to Operate Motor Vehicles, 8<sup>th</sup> Edition, 2012



**CEMTA.ca**



*Safety & Wellbeing  
in the Workplace*