

Beaumont® | HEALTH SYSTEM

Subject Evaluation for Suitability to Work		No. 259-1	Page 1 of 7
Content Expert / Coordinating Department(s) Corporate Human Resources	Prior Issue Date	Issue Date 6-01-12	

Department Manager

Contact Human Resources Employee Relations Representative to discuss the disruptive behavior demonstrated by the employee and determines if the employee meets the criteria for Suitability for Work Evaluation.

Human Resources

- Determine if employee meets Suitability for Work Evaluation criteria.
- Determine action to be taken.
- If the determination is to initiate a Suitability for Work Evaluation, direct manager to complete Form 3526 (Suitability to Work Evaluation and Referral form) along with the Addendum, both available online.
- Direct manager/supervisor to meet with employee to discuss the action to be taken and to contact Occupational Health Services (OHS) Director or designee to discuss employee's behavior and determine availability of OHS services to schedule appointment.

Department Manager/Supervisor

- 1.) Complete Form 3526 with all pertinent departmental and employee information. Complete the Reason for Referral section of the form, checking all appropriate boxes that describes the employee's behavior. Complete the second page with a narrative of the concern or observed behavior. Sign and date the form.
- 2.) Discuss the observed and documented performance issues or behavior (as per Form 3526) with the employee and inform employee of the requirement to be evaluated by OHS to determine employee's suitability for work. Instruct employee to bring all personal items with him/her to the OHS evaluation.
- 3.) Arrange for transportation of employee to OHS (taxi cab service or transportation via Manager's car). **Note:**

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Department Manager/ Supervisor (contd.)

Do not let the employee drive him/herself to OHS and if you (manager/supervisor) transport the employee be sure to arrange transportation for the employee to leave OHS and arrive at a safe and appropriate destination.

4.) Transport or have the employee transported to OHS.

5.) Meet with OHS provider at the time of the initial Evaluation for Suitability to work appointment to discuss the case before the employee is seen. Present completed form 3526 Suitability To Work Evaluation and Referral form.

Note: If the employee is in a crisis situation, and/or the behavior is questionable and cannot be transported to OHS due to his/her mental or physical state, the manager/supervisor will accompany the employee to the Emergency Center for Evaluation for Suitability to Work. All completed paperwork (form 3526 and accompanying documents) will be forwarded to OHS the following day by Emergency Center personnel. Emergency Center personnel shall be responsible for obtaining all signed consent to treat and release of information forms. Manager/supervisor: direct the employee to contact OHS to schedule follow-up appointment on the employee's next scheduled workday.

6.) Contact the Employee Relations Representative for further direction if **the employee refuses the Suitability Evaluation** (including drug/alcohol testing).

OHS Director or Designee

Schedule appointment for Evaluation for Suitability to Work. Inform manager/supervisor of the date and time.

Contact the EAP Manager regarding Evaluation for Suitability to Work appointment and request EAP Manager presence.

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OHS Director or Designee(contd.)

If EAP Manager is unavailable, continue with the Evaluation for Suitability to Work process including drug/alcohol testing etc.

Instruct employee to contact EAP Manager to schedule a follow-up visit and behavioral health assessment on the employee's next scheduled workday. If the employee is to be placed on a medical leave, instruct the employee to contact the EAP Manager the following day.

Discuss employee's case with the manager/supervisor.

Conduct a medical evaluation of the employee including all appropriate drug/alcohol testing. Test for prescription drugs and verify employee's need for prescription with treating physician if questionable.

Share results of the evaluation with the EAP Manager and collaborate as to disposition of case with EAP Manager and Employee Relations Representative.

Arrange for employee to be safely transported to home.

EAP Manager

Receive information regarding Evaluation for Suitability to Work from OHS Director and/or Employee Relations Representative. If appropriate, meet employee and employee's manager/supervisor at OHS at appointed time.

Discuss employee's case with OHS Director and manager/supervisor.

Interview employee and evaluate from a behavioral health standpoint (mental health/chemical dependency). Confer with OHS clinical staff and OHS Director.

Prepare and document assessment. Include assessment in employee's OHS file.

Determine treatment plan for employee including professional mental health needs as well as additional drug/alcohol testing if warranted.

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EAP Manager (contd.)

Arrange for care and treatment. Manage employee's reaction and expectations regarding the Evaluation for Suitability to Work process and requirements.

Discuss findings and treatment plan with employee. Obtain signed, witnessed release forms from employee and submit all paperwork to OHS for inclusion in employee's OHS medical file.

Prepare Employee Workplace Agreement (contract) indicating terms of the employee's treatment plan and all actions needed to be taken by the employee to be returned to work upon completion of stated terms. Have employee sign the agreement in the presence of the OHS Director or other witness.

Notify Employee Relations Representative of disposition of case and all elements pertaining to it including the terms of the Workplace Agreement as well as notification to external regulatory agencies if appropriate.

Monitor employee in treatment plan and apprise all parties (OHS, HR and HPRP and Worksite Monitor if appropriate) concerned regarding employee's progress. Follow employee for designated time provided for in the employee's Work Agreement.

Contact Employee Relations Representative if the employee refuses to sign the agreement or participate in the process for disposition of the case (i.e., termination).

Inform employee to schedule an appointment in OHS upon completion of the treatment program in order to return to work.

Ensure that the employee provide a Return to Work or clearance letter from his treating physician/psychiatrist stating that the employee is appropriate for duty in addition to all paperwork related to treatment and prescribed medications.

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OHS Director

Test employee as indicated in treatment plan and return employee to work upon receipt of testing results if appropriate.

Notify EAP Manager and Employee Relations Representative at any time that the employee becomes non-compliant with their treatment program.

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SUITABILITY TO WORK EVALUATION AND REFERRAL

Date: _____

EMPLOYEE INFORMATION

Beaumont ID#: _____

Last Name: _____ First Name: _____

Department: _____ Shift: _____ Phone #: _____ work home cell
(please circle)Job Title: _____ ☐ Full Time ☐ Part Time ☐ Contingent ☐ Other _____

MANAGER/DEPARTMENT INFORMATION

Date Manager spoke with HR: _____

HR Representative Name: _____

Last Name: _____ First Name: _____ Title: _____

Department: _____ Pager #: _____

Phone #: _____ work home cell
(please circle) Confidential Voice Mail? ☐ Yes ☐ No

REASON FOR REFERRAL *Please indicate the reason(s) for Suitability referral (check all that apply).*

APPEARANCE/CLOTHING:

- ☐ Bodily excrement stains on clothing
☐ Dirty ☐ Having Odor ☐ Messy
☐ Neat ☐ Partially Dressed ☐ Unruly

ACTIONS:

- ☐ Calm ☐ Drowsy ☐ Erratic
☐ Fighting ☐ Hostile ☐ Hyperactive
☐ Resisting Communications
☐ Profanity ☐ Threatening

DEMEANOR:

- ☐ Calm ☐ Cooperative ☐ Crying
☐ Excited ☐ Fighting ☐ Polite
☐ Sarcastic ☐ Sleepy ☐ Talkative

MOVEMENTS:

- ☐ Fumbling ☐ Hyperactive ☐ Jerky
☐ Nervous ☐ Normal ☐ Slow

WALKING:

- ☐ Falling ☐ Holding On ☐ Staggering
☐ Stumbling ☐ Unable to Walk

FACE:

- ☐ Flushed ☐ Pale ☐ Sweaty

EYES:

- ☐ Bloodshot ☐ Closed ☐ Dilated
☐ Droopy ☐ Glassy ☐ Red Rimmed
☐ Watery

BREATH:

- ☐ Alcoholic Odor ☐ Faint Alcoholic Odor
☐ No Alcoholic Odor

STANDING:

- ☐ Feet Wide ☐ Sagging at Knees
☐ Rambling ☐ Rigid ☐ Staggering
☐ Swaying

SPEECH:

- ☐ Incoherent ☐ Mute ☐ Shouting
☐ Silent ☐ Slobbering ☐ Slow
☐ Slurred ☐ Whispering

**SUITABILITY TO WORK EVALUATION AND
REFERRAL ADDENDUM**

(print employee name)

(employee Beaumont ID#)

Specific additional information of a serious or major concern:

Primary Issue: _____

Date: _____ Time: _____

Comments(include duration) _____

Secondary Issue: _____

Date: _____ Time: _____

Comments(include duration) _____

OHS Provider

Please complete the following:

☐ May Work ☐ May Not Work OHS Provider Signature _____

Restrictions/Recommendations: _____

Document Submitted By:

Signature _____ Title _____

Print Name _____ Date _____