**NAME:** **SEAP FITNESS FOR DUTY SESSION**

**AUDIENCE:** SUPERVISORS, MANAGERS, UNION OFFICIALS

**TIME:** ONE AND ONE QUARTER HOURS (without activities/exercises)

TWO HOURS (with all activities/exercises)

**SESSION**

**DESCRIPTION:** This session is designed to:

**•** Define fitness for duty,

**•** Discuss procedures and describe guidelines for   
 assessing an employee’s Fitness For Duty.

**•** Discuss procedures for dealing with an employee   
 who is unfit for duty.

**•** Identify specific situations when fitness for duty   
 procedures would be used.

# TRAINING Lecture, Power Point slides/overheads, handouts,

**METHODS:** flip chart, role play, small and large group discussion,   
small group work.

**TRAINING AIDS** • Blank flip charts or board (used in Appendix 1 and   
 Appendix 3)

* Prepared note cards (used in Appendix 2)
* Common objects, such as pen, pencil, tablet, etc. (used in Appendix 3)
* Newspaper/magazine articles (used in Appendix 4)
* SEAP Supervisor’s Guide (Appendix 5 – place in participants’ handout materials)
* Power Point slides/handouts (slides may also be reproduced as overheads or flipcharts)
* SEAP brochures/wallet cards (place in participants’ handout materials)
* Quotations to be posted around room (Appendix 8)

# LEARNING

**OBJECTIVES: •** Be able to identify situations where employees may be   
 unfit for duty.

* Exhibit knowledge of the Fitness For Duty guidelines and procedures to follow when an employee is suspected of being unfit for duty.
* Display an understanding of how/when to use the Visual Observation Checklist and the Questions for Suspected Fitness For Duty Checklist.
* Be able to identify roles of SEAP, union, law enforcement, emergency medical services, and agency management in fitness for duty situations.
* Exhibit knowledge of procedures to follow after an employee has been removed from duty.

# PP Slide 1

#### ICEBREAKER (optional activity)

Choose one of the two icebreakers provided in the appendices.

**Appendix 1 •** What Do You Expect

**Appendix 2 •** SEAP Acronyms

#### OBJECTIVES

# PP Slide 2

* + 1. Before we get started today, let’s take a moment to review what we hope you’ll gain from this training.
    2. By the end of this session, we hope that you will be able to:

1. Be able to identify situations where an employee may be unfit for duty.
2. Understand and be able to use the Fitness for Duty guidelines and procedures that are contained in the SEAP Supervisor’s Guide.
3. Know how to use the Visual Observation Checklist and the Questions for Suspected Fitness for Duty Checklist to assist you in making a determination about an employee’s fitness for duty.
4. Understand what you should do if an employee is unfit for duty.

**If Appendix 1 used,** 5. Be able to identify the roles that SEAP, the union, law **list additional** enforcement, emergency medical services and your **issues identified** agency management play in fitness for duty situations.

#### MOTIVATOR (optional activity)

Choose one of the two motivators provided in the appendices.

**Appendix 3** • Fact or Fancy

# Appendix 4 • Articles

#### INTRODUCTION

# Ask for show of hands

### How many of you have run across a situation where you believed one of your employees was impaired and unfit for duty? If you haven’t yet, at some point in your supervisory career, you probably will. The Commonwealth is very concerned about fitness for duty, and that is why we are here today.

# PP Slide 3 - title

### How would you define fitness for duty?

# Ask class for answers

# Those are all good answers. Let me share with you the Commonwealth’s definition of fitness for duty.

**PP Slide 3 - text** The physical, emotional, and mental condition of an employee is such that he/she is capable of performing his/her duties in a safe and competent manner*.*

1. As an employer, the Commonwealth has certain minimal expectations of all its employees.

PP Slide 4

1. Employees must report in a condition to be able to perform their duties in a competent and safe manner and
2. Employees must remain in a fit condition throughout the work shift.
3. Similarly, the Commonwealth also has certain basic expectations of its supervisors in working to ensure a safe and productive workplace.

###### PP Slide 5

## Supervisors are to monitor their employees’ performance and assess their behavior, **and**

## Supervisors should be able to take prompt action and follow guidelines to address fitness issues.

1. The Commonwealth and each supervisor have a legal and ethical responsibility to ensure the safety and security of the workplace by ensuring that unfit employees do not compromise the safety and welfare of patients, clients, coworkers and the public. Legal liability may result from inaction or unwillingness to take appropriate action to prevent incidents caused by impaired employees.

**PP Slide 6**

1. It is essential to understand that an unfit employee is one who cannot perform his/her duties in a proper, safe and competent manner **FOR ANY REASON*.***Why did I say “for any reason”? There are a number of reasons why employees may be unfit for duty. Some are legitimate and others are not. Regardless of the reason, an impaired and unfit employee can jeopardize the safety of the workplace.

**REASONS FOR IMPAIRMENT**

**PP Slide 7 - title**

1. What are some of the causes or reasons why an employee may be impaired or unfit for duty?

**Ask class for answers**

1. Those are all good examples. In addition to those, let’s look at the following (*omit items already identified by class).*

**PP Slide 7 - text**

1. Physical illness: the employee may have an undiagnosed illness or be under treatment for an illness and unable to perform work effectively.
2. The employee may be experiencing side effects of prescription or over-the-counter medications.
3. Stress: the employee may have marital problems, family problems, financial difficulties, etc.
4. Mental illness: the employee may be suffering from depression, anxiety, etc.
5. The employee may have a drug and/or alcohol addiction.

1. Supervisors should not attempt to diagnose the reason why an employee may be impaired or unfit for duty.
2. You should function as an effective supervisor, not as a poor clinician.
3. Observe the employee's behavior only as it relates to his/her work.

1. Withhold judgment about the reason for impairment.
2. As a supervisor, you can only observe an employee's behavior and often will have only limited insight into what may be causing his/her ineffective performance.
3. Be cautious in responding to an employee’s impaired behavior, and try to remain objective.
4. Remember, as we said earlier, what matters is whether or not an employee is fit for duty, not the reason for being unfit.
5. **DOCUMENTATION**

1. The most effective way to remain nonjudgmental and respond objectively to a situation is to document and simply report the facts as they relate to an employee's behavior.
2. How can supervisors do this?

**PP Slide 8**

1. By documenting the specific verifiable behavioral observations that you have made.
2. By applying safety/competency criteria in an impartial and consistent manner.
3. By removing the employee if reasonable suspicion exists that the employee is not fit for duty.
   1. It is essential that supervisors document the details of the incident in terms of date, time, place, behavior, witnesses, and all relevant circumstances. Be as specific and objective as possible.
4. Whenever possible, a supervisor should enlist the assistance of another supervisor or manager to function as a witness or co-participant. Do you know why this is important?

**Ask class for answers**

1. A witness/co-participant contributes to the credibility of the process.
2. A witness/co-participant contributes to favorable outcomes to employee/union challenges.
3. A witness/co-participant helps to ensure objectivity and fairness, in effect, acting as a checks and balance system.
4. Be sure that your witness or co-participant is another supervisor or manager. Don’t ask an employee’s peer or co-worker to participate in making a fitness for duty judgment call. Peers or co-workers can, however, provide witness statements to management concerning their observations.

1. Why is documentation important?  
   1. Documentation helps to ensure that an objective decision has been made, based upon verifiable facts, rather than rumor, innuendo and supposition.
   2. It is very important that when an employee is deemed unfit and removed from duty that there is adequate documentation to justify that action.
   3. A defensible process requires adequate documentation based on facts, not on speculation or moral judgment.

1. **PROCEDURES**
   * + 1. Let’s consider how a supervisor can determine whether or not an employee is fit for duty, keeping in mind our definition of fitness for duty as well as the recognition that there may be a variety of reasons why an employee may not be fit for duty.
       2. The degree to which an employee is impaired, the type of behavior which is displayed, and the potential harm or danger that could occur to the employee or others have to be assessed in order to determine the proper course of action and the immediacy of the response.
       3. Different scenarios will require different responses. There is no precise cookbook to cover every situation. Supervisors must call upon good judgment, training, policies, guidelines, and available resources to determine the appropriate and timely action.
          1. Testing for Fitness For Duty—apply the **Reasonable Prudent Person Test.**

**PP Slide 9**

Would a reasonable and prudent person consider the employee’s observed behavior to be incompatible with the safe and competent performance of his or her duties?

In applying this test, supervisors should assess:

1. The employee’s physical characteristics. What are their:

Facial expressions.

Coordination.

Physical appearance, etc.

1. The employee’s intellectual ability to perform. What is their:

* Level of alertness.
* Ability to concentrate
* Memory.
* Are they oriented or disoriented
* Are they rational or confused.

1. The employee’s interpersonal behavior.

* What kind of language are they using.
* What is the level of interaction with others - are they aggressive, intimidating, isolative, threatening.
* How does their speech sound - is it slow or rambling.
* What is their demeanor -are they tearful, talkative, anxious, etc.

1. Judgment.

* Is the employee functioning at a level conducive to making safe and effective decisions?
* If not, what behavior and observations led you to this conclusion?  
  1. These characteristics should be assessed in light of**:**

1. The applicable policies, safety/competency criteria, and the acceptable norms at the specific worksite.
2. The relevant job duties (clerical vs. patient care, safety-sensitive, etc.)
   1. **Remember**, supervisors have a legal and ethical responsibility to prevent employee impairment from compromising the safety and welfare of patients, clients, co-workers and the public, and to take appropriate action when employees are not fit for duty.
3. **POTENTIAL SCENARIOS**
4. Let’s look at some situations in terms of how supervisors might address the problems, and some specific tools and resources supervisors can use to document and handle the situations.

**PP Slide 10**

1. Health and Safety of the Workplace  
   * + 1. If the employee does not appear to be an immediate danger, but demonstrates irrational or inappropriate behavior that threatens to disrupt the workplace, you should contact SEAP to coordinate an intervention.
       2. If a supervisor encounters an employee whose behavior is immediately threatening the health and safety of others at the worksite, you should contact the appropriate law enforcement and other emergency services.
       3. This is an important distinction. If you have an employee who is waving a gun around, threatening to shoot him/herself or co-workers – call the police and crisis intervention. Contact SEAP after the crisis has been resolved.
       4. When the situation has been addressed, follow your agency procedures for completing the Commonwealth Workplace Violence Reportingform, as appropriate.
       5. Supervisors should be knowledgeable of the internal agency/work unit procedures regarding local emergency & law enforcement contacts, the location of emergency phone numbers, and which internal management persons should be notified.
       6. Let’s take a closer look at those situations when the individual is of imminent danger to him/herself or others - this is also called clear and present danger.

**PP Slide 11**

1. What constitutes a clear and present danger? There are three major components/criteria:

* The threat must be happening now or imminently*.*
* What has been verbalized or threatened would be perceived by any reasonable person to be a real threat.
* The person has a plan and meansto carry out the threat.
* One of the best ways to determine how serious a situation is – ask the employee the actual questions: Are you going to hurt yourself and/or someone else? Do you have a plan – what is your plan? Do you have the means – what are they?
* In many instances, the individual will tell you what he/she plans to do, and how.

**PP Slide 12**

* 1. If the situation involves behavior that constitutes a clear and present danger to the employee or others due to a medical or psychiatric emergency, several options exist depending on the severity of the problem:

Contact the county crisis intervention unit (look in the blue pages in your telephone book).

Contact emergency medical services.

Contact the designated law enforcement officials.

Contact SEAP to coordinate an intervention.

**PP Slide 13**

1. In cases where the situation involves a possible homicide, suicide, or child abuse, there exists a duty to warn and protectthose individuals in potential harm, even if this information has been provided to you in confidence.

The duty to warn and protect in cases of potential homicide/suicide resulted from a court case in California called the “Tarasoff Decision”.

In that case, a psychologist reported to authorities a threat that had been made by a client to kill another individual. The psychologist did not report the threat to the individual, however, due to the perceived confidentiality restrictions. The client carried out the threat, and killed the other individual.

The duty to warn and protect in cases involving minors results from child protective services laws.

Courts have determined that the greater good outweighs a client’s confidentiality rights and that professionals faced with a Clear and Present Danger have a duty to protect the client and others from harm.

**PP Slide 14**

1. Unusual or irrational behavior  
   1. In all other situations where the employee does not present a clear and present danger to the workplace, but is behaving in a manner that may be inappropriate for the worksite, may negatively impact work performance, and/or creates a concern among co-workers; supervisors should use the Fitness for Duty Guidelines.
   2. Consider the following actual scenarios that have occurred in the Commonwealth. Think about whether or not there was a question of fitness for duty:
2. An employee who worked outdoors, who began to dress in several layers of winter clothing during the summer, who developed poor hygiene, and while working, would stop motorists and ask them for rides.
3. An employee who believed that the voices coming through her radio (which was not turned on) were speaking directly to her, and telling her that her job was for sale.
4. An employee who believed that his management staff had implanted tiny electrodes in his brain, and that his supervisor was monitoring his movements through the electromagnetic fields generated by his computer.
5. An employee whose job entailed working with electricity who began to forget instructions and tasks that he was given, and when asked whether he had completed safety sensitive duties, could not remember whether he had or not.
6. An employee who told co-workers about her dreams in which she and her husband were standing over her supervisor and co-workers, who were lying in a pool of their own blood.
7. **FITNESS FOR DUTY GUIDELINES**

**Appendix 5**

* 1. Please turn to page 27 in your SEAP Supervisor’s Guide, to the section entitled “Fitness For Duty Guidelines.” Please take a few minutes to look through the section, which goes up to page 32. This is a handy guide to what to do in a fitness for duty situation.

**PP Slide 15**

* 1. The Fitness for Duty Guidelines were designed to provide supervisors with procedures and guidance in addressing fitness for duty concerns.   
     1. The guidelines are consistent with performance-based intervention.
     2. They provideobservable and verifiable criteria for determining when an employee may be reasonably considered impaired or unfit for duty.
     3. They also provide guidance to follow after a determination has been made that an employee is unfit for duty.
     4. They are similar to CDL guidelines used for employees subject to drug and alcohol testing under the Federal Omnibus Transportation Act (which covers employees who are required to have a commercial drivers license) but they have been expanded to cover any fitness for duty situation.

**PP Slide 16**

1. The guidelines contain a four-step process, and we’ll look at each of the steps in some detail. The four steps consist of:
2. Observation of the employee and use of the *Visual Observation Checklist*.
3. Interview of the employee and use of the *Questions For Suspected Fitness for Duty Checklist.*
4. Action on the part of supervision/management to remove the employee from the worksite if he/she is deemed unfit.
5. Follow through on the part of management to ensure that the employee is referred to SEAP and that other appropriate personnel actions are effectively implemented and coordinated.
6. Overview of the process

**PP Slide 17**

* 1. Step 1 - Observe the employee’s behavior**:**

Turn to page 67 in your SEAP Supervisor’s Guide. Here you will find a Visual Observation Checklist. Take a few moments to review it.

You will use the Visual Observation Checklistto record what you are observing about the employee’s behavior. The checklist contains a series of adjectives to describe the behavior - how the employee walks, speaks, moves, dresses, thinks, acts, and how their breath smells.

Use the checklist to document all your observations concerning the employee’s behavior and ability to function on the job.

Make the observations personally—do not rely on hearsay.

Whenever possible, secure a witness (either another supervisor or manager) to substantiate and verify your observations.

The supervisor and the witness must sign each other’s forms.

**PP Slide 18**

1. Step 2 - Interview the employee:

Turn to page 69 in your SEAP Supervisor’s Guide. This is the “Questions for Suspected Fitness for Duty Checklist” that you will use to interview the employee. Take a few moments to review this checklist.

You should conduct the interview in a private location. Don’t use any open workspace or cubicle. If you don’t have a private office, locate a conference room or borrow someone else’s private office.

Be respectful of the employee.

Allow union representation if the employee requests it. You may even want to encourage union representation. It is helpful for the union representative to see what you are seeing, in terms of the impaired behavior. Remember, the union has an obligation to protect all its members, not just the employee who may be unfit. (However, the employee is not entitled to the specific representative of their choice. Allowing 30 minutes as a general rule to obtain a union representative is reasonable.)

Ask the questions in order and without badgering or accusing.

Assess the employee’s behavior and be alert to any uncharacteristic behavior.

The checklist is designed to:

**PP Slide 19**

* + Permit the employee to provide a plausible explanation for the questionable behavior.
  + Assure management that the employee is fit for duty, **or**
  + Confirm that the employee is unfit for duty.

The questions are designed to determine if an employee is sick, under doctor’s care, taking medication, abusing drugs or alcohol, etc. Never ask for the specific name of any medication being taken, or the condition for which it was prescribed. Only ask what the side effects of the medication(s) are.

The witness should follow the same protocol and may ask questions in concert with the supervisor or may simply record the employee’s responses.

The witness and the supervisor must complete separate checklists.

The witness and supervisor should sign each other’s forms.

If the employee refuses to answer the questions, make a reasonable assessment regarding fitness based on the observations only.

**PP Slide 20**

Keep in mind that what you observe and hear may be resulting from multiple causes ranging from substance abuse, to mental illness, to stress, to use of prescription or over-the-counter medications to physical illness. **Do not attempt to diagnose!**

What do you do now – take some action!

**PP Slide 21**

If the employee is deemed to be fit for duty following the observation and interview, the employee should be returned to duty. The employee should be counseled concerning the behavior that required the supervisor’s intervention, and this documentation should be forwarded to the next level of management.

**PP Slide 22**

If your decision results in the removal of employee from worksite:

1. Follow your agency’s protocols for removing employee from worksite (whether that be family notification, friend, escort, taxi, etc.)
2. Do not allow the employee to drive. Remember, if the employee is unfit to work, he/she is not fit to drive. If you allow the employee to drive him/herself home, if he/she has an accident, the Commonwealth could be liable.
3. Do not restrain the employee, however. If the employee insists on driving home, tell him/her that you will call the police if necessary. Then do just that.
4. Ensure the employee’s and the workplace’s safety. Remember, you may want to have crisis intervention or law enforcement involved in the employee’s removal, dependent upon the circumstances.
5. If employee is a CDL covered employee, apply the CDL protocols and send employee for drug/alcohol testing. *REMEMBER:* *Drug/alcohol testing is only applicable to CDL covered employees. (unless your agency has negotiated for these provisions).*
   1. Follow-through - plan for the employee’s successful return to the workplace:
6. Inform the employee that the facts will be assessed and appropriate action will be taken. However, do not tell the employee what action may possibly occur, unless such decision has already been made and approved.
7. If the workplace was traumatically affected by the events, contact OA-SEAP to discuss the appropriateness of obtaining an on-site service or a critical incident stress debriefing.
8. Inform the employee when to return to work or when he/she will be provided with further instructions.
9. Possible Actions/Consequences.

**PP Slide 23**

* 1. There may be times when only discipline may be warranted after an employee has been removed from the work site for unfitness. In those cases, upon the employee’s return to work, conduct a pre-disciplinary conference (PDC**)** and determine what level of discipline, if any, to issue. Of course, you should provide a voluntary referral to SEAP to the employee, along with that discipline.
  2. There may also be times when the level of concern is so great that an employee shouldn’t be returned to the work site until they have been evaluated to make sure that they can perform their duties in a safe and competent manner. That evaluation can be done either through a Condition of Continued Employment (COCE) or a mandatory SEAP referral.
  3. For those cases when management feels that there are have sufficient grounds to discharge the employee, a COCEmay be considered.   
     + Remember, an employee need not have exhausted progressive discipline to be considered for a COCE because of a fitness for duty issue.
     + COCEs must be approved by OA-SEAP before they may be discussed with the union or the employee.
     + A COCE will require that the employee be evaluated and cooperate with all treatment recommendations in order to retain their employment.

1. In some fitness for duty situations, management may not feel they have sufficient grounds to terminate an employee, but they also have sufficient concern about the employee’s ability to perform their duties in a safe and competent manner that they can’t allow the employee to return to work without an evaluation. That’s when a mandatory SEAP evaluation can assist.

* A mandatory SEAP referral for evaluation is the equivalent of an Independent Medical Evaluation (IME).
* This is considered to be management tool, and does not require union concurrence.
* The employee is given a written direct order to contact SEAP, to be evaluated, and to provide all the necessary written consents so that SEAP can communicate back with the workplace.
* Because the evaluation is done by SEAP, management has a greater deal of control over the process. Rather than randomly selecting a medical evaluator from the phone book, managers are assured that the employee will see a clinical specialist within the UBH network who will have the appropriate qualifications and specialties to properly evaluate the employee.
* The information that management will receive from SEAP as a result of the evaluation will include whether or not the employee is able to perform their duties in a safe and competent manner and can be returned to work, and whether continued treatment is needed.
* If the employee does not obey the direct order to contact SEAP and be evaluated, this would be considered insubordination, and could result in termination or the offer of a COCE.

1. Whether you return the employee to work with only discipline, or you require either a mandatory SEAP referral for evaluation or COCE, you should ensure that agency expectations, standards of conduct, and performance and behavior expectations at work are clearly explained to the employee.
2. You should also make prior arrangements with security, labor relations, SEAP, personnel, and other appropriate staff for employee’s return and successful reintegration into the workplace.
3. Ensure confidentiality with only “need-to-know” disclosure. An employee’s co-workers don’t need to know (and shouldn’t know) whether or not an employee has been referred for a mandatory SEAP evaluation, a COCE, or has just been disciplined. This becomes very important into how successfully the employee will be able to return to the workplace and become a full functioning team member. On the other hand, if an employee is prohibited from being in the workplace until they have been found fit, certain individuals in the workplace do need that information. Again, share that information with only those who “need-to-know”. Don’t help fuel the rumor mill.  
   1. If the supervisor, witness, or management have any questions or need guidance, contact OA-SEAP at (717) 787-8575, your agency SEAP Coordinator, or the SEAP consultation line at 1-800-662-9206.
4. **ROLE PLAY (optional activity)**

**Appendix 6**

Everyone will now have the chance to practice applying what we have just learned about determining if an employee is fit for duty.

1. **STICK TO THE FACTS AND STAY OUT OF TROUBLE**
2. The supervisor’s job is to document, to use prudent judgment, to follow established policy and procedure, and to take necessary action to protect employees and maintain a safe workplace.
3. The supervisor’s job is **NOT** to diagnose or to determine the cause of behavior.

**PP Slide 24**

1. At times, supervisors may encounter situations where making clinical judgments could lead to erroneous conclusions:
2. An employee sleeping while on duty.
3. Slurring of an employee’s speech.
4. An employee having blurry or red eyes.
5. The odor of alcohol on an employee’s breath.
   * + 1. If you encounter an employee with alcohol on his/her breath, but there is no other evidence of impairment, what would you do? Why?

**Ask class for answers**

* + - 1. Why must you be careful not to judge or assume that the employee has been drinking or is impaired by alcohol?

**Ask class for answers**

1. Alcohol odor is not a clear indicator of alcohol consumption or fitness for duty apart from other symptoms or behavior.
2. Other substances such as mouthwash or cologne may cause alcohol odor.
3. Alcohol odor may be the result of a physical illness such as diabetic ketoacidosis, which gives the employee a sweet odor or breath.
4. Although the employee may not have been drinking, the odor of alcohol on an employee’s breath is still unacceptable in the workplace. Why?

**Ask class for answers**

1. The odor of alcohol can lead clients, customers, visitors, and others to believe the employee is under the influence.
2. In a setting where public trust is an issue, where safety & security of patients is a concern, or where safety- sensitive duties are performed, the appearance of an unfit employee brings disrepute and distrust to the agency.
3. The odor of alcohol on an employee’s breath undermines public confidence, which is clearly in conflict with the Governor’s Code of Conduct, and agency codes of conduct.
4. What should a supervisor do in this type of situation?

**Ask class for answers**

1. The employee should be requested to provide an explanation.
2. Whether or not the odor resulted from alcohol consumption, the individual should be counseled that the odor of alcohol on an employee’s breath is unacceptable, and why.
3. If the situation is repeated, progressive disciplinary action may be initiated.
4. Other examples of behavior that could be misinterpreted:
5. Why might an employee be discovered asleep at the worksite:

**Ask class for answers**

1. It could be a response to new prescription medication.
2. It could be result of loss of sleep from dealing with a family and or personal problem.
3. It could be physical or medical problem.
4. Why might an employee be slurring words during a conversation.

**Ask class for answers**

1. It could be a medication-related problem.
2. It could be a physical or medical problem.

Why might an employee be walking in an unsteady manner.

**Ask class for answers**

1. It could be a medication side effect.
2. It could be a physical or medical problem.  
   1. In situations where there is doubt, and the supervisor and/or the witness is uncertain of how to respond to an incident:
3. **ALWAYS document!**
4. Consult with a higher level of management.
5. Contact OA-SEAP.
6. Regardless of the reason for the behavior, sleeping at the worksite, compromised coordination, slurred speech, or similar incidents are generally unacceptable in the workplace; especially in safety-sensitive areas or where there is contact with the public.
7. The employee should be counseled.
8. The supervisor should follow Fitness For Duty procedures.
   1. If the employee is found to be fit, the employee will be made whole. Adequate documentation by supervisors will support their prudent and cautionary measures.

1. **SUMMARY - REMEMBER:**

**PP Slide 25**

1. Respond to situations – don’t ignore them.
2. Seek a witness – don’t make judgments in isolation.
3. Be respectful and professional – don’t belittle the employee or make moral judgments.
4. Document objectively – don’t exaggerate or minimize.
5. Limit your observations to what is related to work-related performance – don’t interpret, diagnose, or delve into personal issues.
6. Ensure that the employee gets home safely – don’t allow the employee to drive.
7. Contact the appropriate authorities and SEAP – don’t let the matter drop.
8. Agencies and supervisors can be held responsible if they choose not to respond appropriately to protect the safety and security of the workplace.  
   1. **CASE STUDIES (optional activity)**

**Appendix 7**

**PP Slides 26-31**

To conclude today’s training session, let’s take a look at some case studies, and discuss some techniques for dealing with these fitness for duty situations.

1. **QUESTIONS?**

**PP Slide 32**

**Appendix 1 – What Do You Expect**

# NUMBER OF

**PARTICIPANTS:** 10-40

1. **PREPARATION:**
   1. Divide the participants into groups of no more than 5 to 6 persons.
   2. Provide each group with a sheet of blank flip chart paper and markers.

#### INSTRUCTIONS

* + - 1. Instruct the participants that they are to select a spokesperson for their group.
      2. Instruct the participants to discuss their expectations for this training session within their group, and to write those expectations down on the paper provided.
      3. Allow approximately 5 minutes before calling the group back to order.
      4. Call upon the spokesperson for each group, and ask them to share the groups’ ideas and expectations.
      5. The instructor should comment on each expectation briefly, stating whether or not the issue will be covered in today’s training session.
      6. Post the papers around the room as a reminder of what the group can expect to get accomplished during the training session.

**Appendix 2 – SEAP Acronyms**

# NUMBER OF

**PARTICIPANTS:** 10-40

1. **PREPARATION:**
2. Prepare a stack of note cards by printing a different SEAP acronym on each card. (e.g., SEAP, CCO, COCE, PEBTF, UBH, PBI, CDL, CISD).
3. Include the actual meaning of the acronym on the note card.
4. Prepare enough note cards so that each participant will receive one card. There will be duplicates of the acronyms.
   1. **INSTRUCTIONS:**
      1. Pass out one note card to each participant.
      2. Instruct the participants to think of another meaning for the acronym, possibly one which has something to do with them, and write it down (not on the note cards).
      3. After two to three minutes, instruct the participants to separate into groups of three to five persons.
      4. Have the participants read their acronyms to each other within their groups, and choose the one they like the most (based on most creative, funniest, most realistic, etc.)
      5. Have groups read out loud to the entire group the alternate meanings for their favorite acronym, and to whom it applies.

**Appendix 3 – Fact or Fancy**

# NUMBER OF

**PARTICIPANTS:** 10-40

1. **PREPARATION:**
   1. This activity asks participants to describe an article and then determine which characteristics are fact and which are assumption. The instructor helps participants to apply this fact vs. assumption lesson to making determinations on fitness for duty.
   2. Provide a common object (such as a pen) for display.
   3. Have two blank flip charts or white board in front of class.
      1. **INSTRUCTIONS**
         1. Hold up the object, and ask the participants to describe it. Encourage them to come up with as many characteristics as possible. Responses will likely include color, size, to whom it belongs, cost, etc.
         2. Record the characteristics named on a flipchart.
         3. On a second flipchart or board write the headings “Fact” and “Assumption.”
         4. Ask the participants to identify which characteristics belong in the “Fact” column, and which belong in the “Assumption” column.
         5. Ask the participants to describe what this exercise has illustrated (sample responses – it is easy to confuse fact and assumption; we often don’t realize we are making an assumption).
         6. Ask the participants how they believe they can apply this exercise in their daily tasks as supervisors/manager (sample responses – when someone makes a generalized statement or passes along a rumor, we need to ask them for facts and objective evidence to back it up; we have to remind ourselves not to make assumptions and to take responsibility for basing our actions and perceptions on fact).

**Appendix 4 – Articles**

**Number of**

**PARTICIPANTS:** UNLIMITED

1. **PREPARATION:**
2. Make sufficient copies of the provided articles (Attachments 1 through 5) so that each participant receives one. More than one participant can receive a copy of the same article.
3. Alternately, locate appropriate newspaper or short magazine articles and make sufficient copies of them to distribute. A minimum of two articles is needed.
4. Make sure that participants sitting next to each other do not have a copy of the same article.  
   1. **INSTRUCTIONS:  
      Distribute articles**
5. INTRODUCTION:The Commonwealth takes fitness for duty very seriously. The sheets being passed around describe some situations where an employee assistance program might be indicated, and fitness for duty might be in question.
6. Instruct the group to take a few moments to review the readings.
7. Allow the participants 1 to 2 minutes to read the articles.
8. Instruct the group to partner with the person seated next to them to discuss their articles, and to consider how SEAP could have been useful in these situations.
9. If time allows, solicit responses from the group, and encourage discussion. Record the responses on a flip chart.

**Appendix 6 – Role Play**

# NUMBER OF

**PARTICIPANTS:** Up to 45

1. PREPARATION
   1. Have the participants arrange themselves into groups of threes.
   2. Within each group, have the participants count off.
2. **INSTRUCTIONS**
   1. Instruct the participants that they are now going to role play a fitness for duty situation.
   2. Instruct all the number 1’s that they will be the supervisor, all the number 2’s that they will be the witness, and the number 3’s that they will be the impaired employee.
   3. Assign an impairment to the employee in each group. This can be done verbally; walking group to group (for small class sizes), or you may wish to write the problem on 3 x 5 cards and hand one to each group.
   4. Instruct the supervisors to use the Visual Observation Checklist, and the witness to use the Questions For Suspected Fitness For Duty Checklist.
   5. Instruct the participants that they will have five minutes to complete the exercise.
   6. At the conclusion of the five minutes, call the participants back to order, while remaining in their groups of three. Ask each group to report back on the following issues:  
      1. Employees – what were your thoughts and feelings while dealing with your supervisor and the witness?
      2. Supervisors and witnesses – what were your thoughts and feelings while dealing with the impaired employee. Did the checklists help the process?

**Appendix 7 – Case Studies**

# NUMBER OF

**PARTICIPANTS:** Up to 45

#### PREPARATION

* + - * 1. Print-out Power Point slides 25 through 30, making sufficient copies so each participant has one copy of each case study.
        2. Have the participants arrange themselves into 6 work groups of no less than three, no more than nine.

**INSTRUCTIONS**

Instruct the participants that they are look at a case study, and decide what they, as management, should do in the assigned situation. Each work group is to decide which resources (Fitness For Duty Guidelines, Crisis Intervention, Law Enforcement, SEAP, 911, etc.) or combination of resources should be used. Tell the participants that they will have 5 minutes for this activity, and they should appoint a group spokesperson to report back to the class.

**PP Slide 25**

* 1. If an employee seems distraught, agitated, and abusive, and threatening to do harm to you and anyone who gets in his way; how, when, or would you use the Fitness for Duty Guidelines?

**PP Slide 26**

* 1. If an employee returns from lunch smelling of alcohol, overly happy and joking, but otherwise acting “normal,” what would you do?

**PP Slide 27**

* 1. An employee did not look well when he reported for work, stating he probably was coming down with a cold. Later in the shift, you notice the employee sitting down and holding his chest. What would you do?

**PP Slide 28**

* 1. An employee, who also happens to be covered by the CDL regulations, has become increasingly withdrawn over a period of time, demonstrating frequent mood changes, and alternating periods of lethargy and hyperactivity. Today he appears to be confused, with an inability to concentrate or remember basic procedures. When approached**,** he became belligerent. What would you do?

**PP Slide 29**

* 1. An employee reports for work overtly upset, rambling in an incoherent manner about people not pulling their own weight, and intentionally causing trouble. He becomes increasingly hostile and overreacts to anything anyone does or says. What would you do?

**PP Slide 30**

* 1. An employee’s child died several months ago, and the individual continues to act depressed. You have seen her taking medication in the past, but not today, although this morning she seems more anxious than usual and is tearful. She says she has an allergy, and you think you have seen her hands tremor. It seems like she is trying to avoid everyone. This concerns you because later that shift she will have to be alone for a few hours and responsible for some safety- sensitive work. What would you do?
     1. Call the work groups back to order after 5 minutes.
     2. Either display the Power Point slide, or ask the group to read aloud their assigned situation. Ask the group to explain what they decided to do and why.
     3. Ask the class as a whole if they would have chosen any other courses of action in that particular situation, and why.

**Appendix 8 – Quotes**

**Attempt the impossible in order to improve your work.**

Bette Davis

**Anyone who isn’t confused really doesn’t under the situation.**

Edward R. Murrow

**Be careful what you pretend to be because you are what you pretend to be.**

Kurt Vonnegut

**Constant dripping hollows out a stone.**

Lucretius

**Always do what you are afraid to do.**

Ralph Waldo Emerson

**Ah, but a man’s reach should exceed his grasp - - or what’s a heaven for?**

Robert Browning

**Do what you can, with what you have, where you are.**

Theodore Roosevelt

**All things are difficult before they are easy.**

Thomas Fuller

**A child of five would understand this. Send someone to fetch a child of five.**

Groucho Marx