



LAST REVIEWED – 5/12

### Tampa General Hospital POLICIES & PROCEDURES

X Administrative \_ Interdepartmental \_ Departmental

Departments Affected: All

Subject: Fitness for Duty/Work Clearances for Healthcare Workers  
Effective Date: May 2012

X New Policy/Procedure  
\_ Revised

Index Code: HR-95  
Page: 1 of 6

Originating Department:  
Approved by: Ron Hytoff

*Ron Hytoff 6/4/12*

Title: President/CEO

ALL POLICIES REFERRED TO IN THIS POLICY ARE AVAILABLE ON THE TGH PORTAL

**PURPOSE:** To provide a safe working environment and to ensure that all Tampa General Hospital (TGH) healthcare workers, are physically and mentally capable of safely performing the essential functions of the job.

**POLICY:**

1. Tampa General Hospital (TGH) is committed to providing a safe working environment, and reserves the right to require fitness for duty evaluations and/or work clearances to determine if a healthcare worker is able to perform the essential functions of the job in a safe, appropriate and effective manner. This includes evaluating and determining work restrictions for healthcare workers with a potentially communicable illness or health condition to reduce the risk of transmission of communicable disease(s)/illness from healthcare workers to patients, visitors, or other healthcare workers.
2. Tampa General Hospital may remove or reassign healthcare workers from duty if the healthcare worker is considered unsafe or unfit to work. Healthcare workers must come to work fit for duty and must perform their job responsibilities, in a safe, appropriate, and effective manner.
3. Tampa General Hospital will comply with all federal and state regulations, including the Americans with Disabilities Act of 1992 (ADA), the Americans with Disabilities Amendment Act of 2008, The Health Insurance Portability and Accountability Act (HIPAA) of 1996, and The Family and Medical Leave Act of 1993 (FMLA) in the determination of reasonable accommodation, job reassignment, leave of absence and confidentiality.
4. Pregnancy does not increase the risk of acquisition of infections, and, for most infectious agents, clinical manifestations of infections are no more severe in pregnant women than in those who are not pregnant. Following Standard Precautions (i.e. using personal protective equipment (PPE) as indicated) will protect pregnant healthcare workers against most infectious agents to which they may be exposed. Therefore, pregnant healthcare workers are not restricted from care of patients on isolation or with infectious diseases unless authorized by hospital policy, Employee Health and/or Infection Prevention.

**I. DEFINITIONS**

- A. **Healthcare Workers:** For the purpose of this policy, healthcare workers will include all Tampa General Hospital employees, students, volunteers, residents, physicians, contract workers, pool, temporary, agency staff and any other individual who performs services on TGH premises.
- B. **Fitness for Duty:** Healthcare worker is physically and mentally capable of safely performing the essential functions of the job.

**TAMPA GENERAL HOSPITAL  
POLICIES & PROCEDURES**

**Administrative**    **Interdepartmental**    **Departmental**

**Subject:**    Fitness for Duty/Work Clearances for Healthcare Workers

**Page:**    2 of 6

**II.    HEALTHCARE WORKER RESPONSIBILITIES**

- A. Healthcare workers must come to work fit for duty and must perform their job responsibilities, in a safe, appropriate, and effective manner.
- B. Healthcare workers are responsible for managing their health, in a manner that allows them to safely perform their job responsibilities. This includes adhering to medical/treatment regimens prescribed by healthcare providers (i.e. medications, therapy, and counseling) in which non-compliance could affect the ability to safely perform job duties and/or would be a safety risk to the healthcare worker or others.
- C. Healthcare workers must have a fitness for duty clearance from Employee Health Services, if they are taking any prescription or non-prescription medication that may interfere with the ability to safely perform their job duties (i.e. narcotics, benzodiazepines, barbituates). The Employee Health nurse practitioner will determine if the healthcare worker is fit for duty, after review of the medication and/or treatment regimen.
- D. Healthcare workers are responsible for notifying their supervisor or Employee Health Services if they are not fit for duty due to illness, infection, medications, a medical condition, psychological impairment or any other reason in which the healthcare worker cannot perform his/her essential job functions in a safe, appropriate and effective manner.
- E. Healthcare workers must report to Employee Health Services if using assistive devices/appliances (i.e. splints, braces, crutches, walking boots, canes, walkers, casts) in which the healthcare worker is unable to practice appropriate hand hygiene in accordance with infection control requirements and/or may be a safety risk to himself/herself or others.
- F. Healthcare workers are responsible for adhering to the TGH Drug Free Workplace policy (HR-80).
- G. Healthcare workers are responsible for notifying a supervisor if they observe a co-worker acting in a manner that indicates he/she may be unfit for duty.
- H. Healthcare workers are responsible for immediately notifying Employee Health Services if they have been diagnosed, experience symptoms of, or were exposed to a potentially communicable illness, infection or condition that may be infectious or communicable to others.
  - 1. This includes, but is not limited to:
    - Shingles or chickenpox
    - MRSA infection
    - Measles, mumps or rubella (german measles)
    - Lice
    - Scabies
    - Pertussis
    - Influenza or flu like symptoms with fever
    - Enteritis: Salmonella, Shigella, Giardia, Campylobacter, C.diff
    - Conjunctivitis (Pink Eye)
    - Draining wounds or skin lesions
    - Skin rashes

**TAMPA GENERAL HOSPITAL**  
**POLICIES & PROCEDURES**  
**X Administrative \_\_\_ Interdepartmental \_\_\_ Departmental**

**Subject:** Fitness for Duty/Work Clearances for Healthcare Workers

**Page:** 3 of 6

- Diarrhea with duration over three days and/or accompanied by fever or bloody stools
- Hepatitis A, B, or C
- Oral herpes
- Meningitis

### III. SUPERVISOR RESPONSIBILITIES

- A. The department supervisor who receives reliable information that a healthcare worker may be unfit for duty or through personal observation believes a healthcare worker to be unfit for duty, will validate and document the observations/information and notify Human Resources and/or Employee Health Services. The department supervisor, in collaboration with Human Resources/Employee Health Services will determine if the healthcare worker should be removed from duty immediately.
- B. Afterhours, the Clinical Administrative Supervisor will be notified to assess the healthcare worker and determine fitness for duty. The Clinical Administrative Supervisor will document the incident and forward to Employee Health Services on the next working day.
- C. The Chief Medical Office and/or administrator on duty will be consulted for all medical staff and resident physicians who require a fitness for duty evaluation.
- D. Other healthcare workers, who are not TGH employees, and who require a fitness for duty evaluation, will have their respective employers and/or supervisors/administrators informed of the incident. TGH may require non-employees to refrain from practice or performing duties on TGH premises until cleared by Administration, Human Resources and/or Employee Health Services.
- E. Healthcare workers who are impaired, having inappropriate interactions with others, expressing suicidal thoughts, or making threatening statements must be removed from the workplace immediately and taken to Employee Health Services, or afterhours, to the Emergency Care Center for an evaluation. Security should be called if the healthcare worker is considered a threat to the safety of themselves or others.
- F. Departmental supervisors are responsible for ensuring an employee has received the required Employee Health Fitness for Duty clearance before allowing the employee to return to work, including work clearances for communicable illnesses or conditions that may pose a safety risk to the healthcare worker or others.

### IV. HUMAN RESOURCES AND EMPLOYEE HEALTH RESPONSIBILITIES

- A. Human Resources and/or Employee Health Services will review the circumstances and determine whether or not a fitness for duty evaluation is necessary. A meeting with the healthcare worker and manager may be required at the discretion of Employee Health Services and/or Human Resources.
- B. Human Resources and/or Employee Health Services may remove an employee from work or not permit an employee to return to work if it is determined that the employee is unable to perform the essential job functions and/or is a safety risk to himself/herself or others, regardless of a healthcare provider note clearing the healthcare worker to return to work.

**TAMPA GENERAL HOSPITAL**  
**POLICIES & PROCEDURES**  
**X Administrative      Interdepartmental      Departmental**

**Subject:**    Fitness for Duty/Work Clearances for Healthcare Workers

**Page:**    4 of 6

- C.    Human Resources, Employee Health Services and/or Administration may require:
  - 1.    A mandatory management referral through the Employee Assistance Program.
  - 2.    A Fitness for Duty evaluation from specific healthcare providers (i.e. psychiatrist, counselor, specialist, etc) and/or the Intervention Project for Nurses (IPN) or Professionals Resource Network (PRN) for licensed healthcare workers, consistent with TGH's concern for safety and health as noted throughout this policy.
  - 3.    Compliance with an individual work contract as a condition of continued employment at TGH. The work contract requirements may include requirements for follow-up counseling, follow-up drug testing, IPN/PRN participation, and periodic Employee Health Services/management evaluations, medication reviews by Employee Health Services and performance/behavior expectations.
- D.    Healthcare workers impaired by drugs and/or alcohol will be managed in accordance with TGH Drug Free Workplace policy (HR-80).
- E.    Employee Health Services may, as guided by Infection Prevention policies and standards, postpone a healthcare worker's return to work regardless of a physician's work clearance for a communicable illness. If necessary, Employee Health Services will consult with an Infectious Disease physician and/or the Infection Prevention Director, to determine work clearance and restrictions for healthcare workers with a communicable illness/condition.

**V.    WORK CLEARANCES**

- A.    TGH employees are required to report to Employee Health for a Fitness for Duty work clearance for the following reasons:
  - 1.    Returning to work after a TGH required fitness for duty evaluation.
  - 2.    Returning to work with ANY physical/mental restrictions assigned by a healthcare provider and/or requesting accommodations to perform the essential functions of their job.
  - 3.    Employees with signs/symptoms of a communicable illness or returning to work after a communicable illness or infection treated by a healthcare provider.
  - 4.    Employees returning to work with a condition that may pose a safety and/or infection control risk, including but not limited to, a cast, splint, crutches, brace, cane or wheelchair.
  - 5.    Employee returning to work after an absence of 3 consecutive work days or more, including consecutive FMLA, medical, personal or military leave.
  - 6.    As required, or requested by Human Resources, Leave Coordinators, Employee Health Services and/or management.

**TAMPA GENERAL HOSPITAL**  
**POLICIES & PROCEDURES**  
 X  Administrative     Interdepartmental     Departmental

**Subject:** Fitness for Duty/Work Clearances for Healthcare Workers

**Page:** 5 of 6

B. Non-employees requiring Fitness for Duty Clearances

1. TGH may, depending on the circumstances, require Fitness for Duty clearance through Administration, Human Resources and/or Employee Health for non-employees working at TGH consistent with TGH's goal of providing a safe environment for patients and healthcare workers.

**VI. ACCOMMODATIONS**

1. Employees returning to work with work restrictions and/or requesting accommodations or applicants requesting/requiring accommodation will be assessed by an Employee Health nurse to determine if the employee can perform the essential job functions of their current positions with or without reasonable accommodations. The department manager and Human Resources will be consulted, as necessary.
2. If an employee/applicant has permanent work restrictions and is unable to perform the essential functions of their current job with or without reasonable accommodation, an Accommodations Meeting will be scheduled, if necessary, to review the employee's need for accommodation and provide recommendations for job placement.
3. The Accommodation Meeting participants may include representatives from Employee Health, Human Resources, Recruitment, staff and management.
4. The Accommodation Meeting will review and/or determine
  - a. Employee/applicant's current job analysis and essential job functions
  - b. Employee/applicant's work restrictions from the treating healthcare provider(s)
  - c. Employee/applicant's request for accommodation(s)
  - d. Employee/applicant's work qualifications and skills
  - e. Current internal positions in which the employee/applicant may be qualified for
  - f. Workplace safety concerns
  - g. Performance, attendance and job history
  - h. Reasonable accommodation(s) offered and/or provided
  - i. Employee's/applicant's suggestion on how reasonable accommodation may be accomplished
  - j. Appropriate timeframe for internal job search
5. Current employees who cannot secure an internal position with or without reasonable accommodation within the timeframe provided may be required to leave employment at Tampa General Hospital in accordance with the TGH Leaves From Work policy (HR 77).
6. Applicant's who cannot perform the essential functions of the job with or without reasonable accommodation may have the offer of employment rescinded.

**VII. EMPLOYEE ASSISTANCE PROGRAM**

- A. TGH encourages employees/healthcare workers to seek assistance voluntarily, before job performance is affected. Contact information for the TGH Employee Assistance Program may be obtained from the Employee Portal, Employee Health Services or Human Resources.

**TAMPA GENERAL HOSPITAL  
POLICIES & PROCEDURES**

X Administrative       Interdepartmental       Departmental

<b>Subject:</b> Fitness for Duty/Work Clearances for Healthcare Workers	<b>Page:</b> 6 of 6
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B. The TGH Employee Assistance Program is designed to offer employees assessment, referral, and counseling for personal problems such as stress, grief, substance abuse, financial, legal and family issues, and mental health conditions such as depression, anxiety, bipolar disorder, etc.

APPROVED BY:

 _____ Sally Houston, M.D., Senior Vice President/CMO	6/4/12 Date	 _____ Anthony Escobio, Vice President, Patient Financial Services	6/4/12 Date
 _____ Thomas Bernasek, M.D., Chief of Staff, TGH	6/4/12 Date	 _____ Chris Roederer, Senior Vice President, Human Resources	6/4/12 Date
 _____ Janet Davis, Senior Vice President/CNO	6/4/12 Date	 _____ Mark Campbell, Vice President, Materials Management	6/4/12 Date
 _____ Maureen Ogden, Vice President, Cardiovascular Services	06/04/2012 Date	 _____ David Robbins, Vice President, Professional Services	6/4/12 Date
 _____ Cheryl Eagan, Senior Vice President, Support Services	6/4/12 Date	 _____ Judith M. Ploszek, Senior Vice President, Finance	6/4/12 Date
 _____ Veronica Martin, Associate CNO	6/4/12 Date	 _____ Steve Short, Executive Vice President/CFO	6/1/12 Date
 _____ John Bond, Vice President, Surgical Services	6/4/12 Date	 _____ Jean Mayer, Senior Vice President, Strategic Services	6/4/2012 Date
 _____ Amy Paratore, Vice President, ED/Trauma Services	6/4/12 Date	 _____ Deana Nelson, Executive Vice President/COO	6/6 Date
 _____ Robin DeLaVergne, Senior Vice President Executive Director of TGH Foundation	6/4/12 Date	 _____ Scott Arnold, Vice President, Information Technologies	6-4-12 Date
 _____ Elizabeth Lindsay-Wood, Senior Vice President CIO, Information Technologies	6/4/12 Date	 _____ Jana Gardner, Vice President, Ambulatory Services	6/4/12 Date
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