



Fit for Duty

Access to Medical Records

Agenda

- **Life Saving Rules**
- **What is Fit for Duty**
- **Who to contact when not Fit for Duty**
- **When to perform a Fit for Duty Evaluation**
- **Why perform a Fit for Duty Evaluation**
- **Medical and Exposure Records**
- **Key Points**

Life Saving Rules



Wear your seatbelt, obey speed limits and do not use any mobile device while driving



Do not smoke outside designated smoking areas



Verify isolation before work begins



Use your Stop Work Authority if work environment is unsafe



Be focused on your job at hand and always be aware of your surroundings



Report any incidents, near misses, and unsafe conditions immediately



Stop. Think. Act



Do not walk under a suspended load



Work with a valid work permit when required



Protect yourself against a fall when working at heights

What is Fit for Duty and its Purpose?

What is Fit for Duty?

Fit for Duty means being physically and mentally fit to perform assigned duties with competence and in a safe, secure, productive and effective manner.

Purpose?

- Provide guidance to employees and managers regarding one's fitness for duty
- Promote consistency
- Ensure that everyone who works for Airswift is able to safely perform the essential functions of the job in a manner that does not present threat of harm to themselves, coworkers, property or the public
- Reduce the risk of work-related injuries





Why carry out this Evaluation?

Fit for Duty

Physical

Physical Demands
Vision
Hearing

Physiological

Fatigue
Alcohol and Drugs
Workplace Exposures

Psychological

Risk Tolerance
Culture
Emotional state

Communication

Hand Signals, Common Language, Understanding

In a “Fit for duty” test, applicants are physically assessed based on a PDA, or Physical Demands Analysis. A PDA takes into account all the essential and non-essential tasks of a job, and the environment in which that job is completed. Fit for Duty tests are generally completed prior to employment, after an injury or illness, or if it is perceived s/he are unable to perform their essential functions of the position.



When to Carry out a Fit for Duty Evaluation?

Before commencing work, you must immediately notify your direct manager/supervisor, Safety Department, and then your Airswift Service Consultant if you are **unable to perform your daily duties** due to:

Medical or non-medical condition such as:

- Injury
- Fatigue
- Effects of alcohol or drug consumption
- Anxiety/stress
- Distractions due to personal/family problems
- Mental or physical impairment

- If the employee believes that s/he is experiencing a physical or mental condition that could impair his/her ability to properly and safely operate the equipment or vehicle, or perform safety-sensitive duties
- If the employee believes that s/he or any other employee may present a significant risk to the safety and health of themselves or others



Who to contact when not Fit for Duty



When do you need Fit for Duty?

Post-Offer, Pre-Placement

- On receiving a conditional offer of employment you will be required to complete a Fit for Duty evaluation. The evaluation will be specific to the safety requirements of your role.

Reasonable Belief based on Objective Evidence

- If it is evident that there exists a threat to health and safety the manager/supervisor may request a Fit for Duty evaluation.

Return to Work after Work Injury (Post Incident)

- Employees who have been involved in or who contributed to an accident that caused injury or harm to a person or property may be required to submit to a Fit for Duty evaluation

Return to Work after Personal Injury

- Following a leave of absence a Fit for Work certificate must be provided by your healthcare professional certifying you can safely perform all of your essential job functions.



Unable to Perform Essential Functions of the Job

Injury/Incident

- In the event of an Injury/Incident the Safety department must be notified immediately. The incident must then be investigated by the Safety Department.

Modified or Light Duty

- Where practicable Airswift will work with the client to accommodate modified or light duty.
- Modified work is temporary with a goal to return to full duties as soon as medically fit.

Occupational Health

- For any work related injuries, Airswift recommends injured employees seek medical treatment at a clinic who specializes in Occupational Health.

Return to Work Process Following an injury

Not Significant Injuries

- If the injury is not significant the employee will return to work to regular duties as soon as practicable. If a Doctor indicates the employee is unable to return to pre-injury duties a referral will be made.

Significant Injuries

- If the injury is significant an Injury Management Plan must be started within 3 days of notification from the employee, insurer and nominated treating doctor. The return to work process, where possible will closely follow the medical professionals recommendations.

Injury Management Plan

- An Injury Management Plan may not be required in all work-related injury cases depending on the significance. However, early assessment is imperative to determine if required.



Employee's Roles and Responsibilities

If you or any other individual are **unable to perform your daily duties** due to:

- Injury/Incident, effects of alcohol or drug consumption, Medical/Health condition, mental or physical impairment or OTC medication that effects your ability to work safely

You must immediately notify:

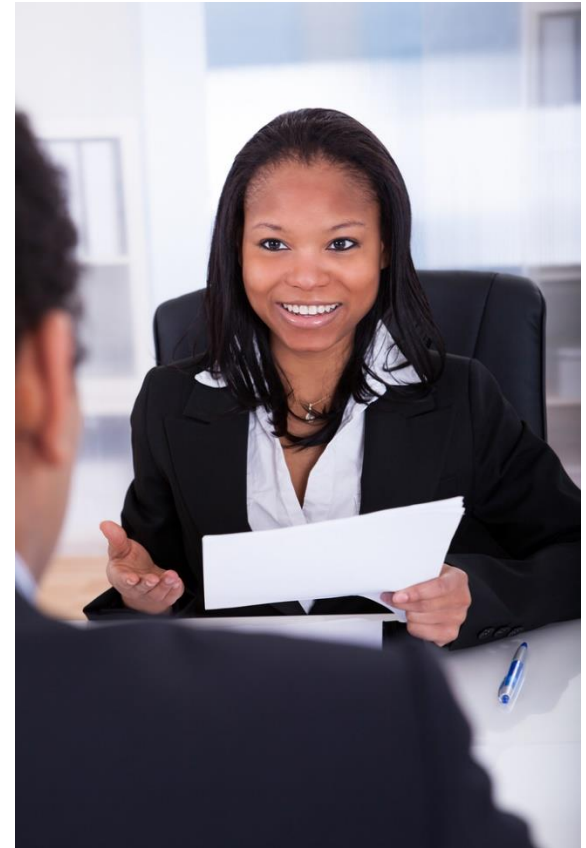
- 1) Direct manager/supervisor,
- 2) Safety Department, and then your
- 3) Airswift Service Consultant
- 4) Obtain the Fit for Duty Evaluation from your service consultant to be completed by assigned medical professional
- 5) Return completed paperwork to your service consultant who will advise the client/manager/supervisor and the benefits team of any restricted duty and or return to work certification

Employees are responsible for complying with this Policy and site specific Safe Work Procedures and Policies. Anyone who fails to comply with this Policy may be subject to disciplinary action including termination of employment.



Supervisors and Managers Responsibilities

- Shall monitor employees' activities and behaviors and take action if they have an injury/incident or when they have reasonable suspicion that you may not be Fit for Duty
- Shall consult and work with the Safety Department if there are any concerns you may not be Fit for Duty or post accident/injury
- Shall refer all communication regarding personal medical/health conditions, injury/incidents to the Benefits department



Service Consultant

- Provide the Fit for Duty evaluation form and assist with completing the physical requirements of the Job
- Liaise with Employee regarding completing Fit for Duty Evaluations.
- Liaise with Client/Manager/Supervisor regarding modified/light duty

Safety Department

- Conduct an incident investigation (if applicable)
- Liaise with Client/Manager/Supervisor regarding specific job functions to raise a Fit for Duty evaluation form to be completed by a medical profession
- Shall liaise with the Benefits department regarding managing light duty/return to work certification etc.

Benefits Department

- Liaise with employee regarding completing required Fit for Duty/Leave of Absence forms
- Liaise with Client/Manager/Supervisor in relieving a worker from duty if Fit for Duty concerns arise
- Liaise with safety department regarding job functions for light duty/return to work certification

Airswift Fitness for Duty Notice & Instructions

Return to Work Policy: All employees must be referred to the Benefits and Safety Department for a Return to Work Physical Examination Request in each of the following instances:

- A. If the employee is returning to work after an absence of thirty days or more (other than vacation); or
- B. If the employee has suffered an on-duty injury
- C. If the employee has undergone surgery or a medical operation; or
- D. If the employee has been hospitalized for any reason; or
- E. If the employee has suffered an off-duty injury

Form to be completed by a health care provider: An employee on a medical leave for any of the above, needs to present this Fitness for duty form in full completion to their Airswift Service Consultant prior to returning to work.

Instructions for Completion:

- Part 1 to be completed by Employee
- Part 2 – 6 to be completed by Physician

Health Care Professionals: Your patient has three return to work options:

Full Release: The patient has no work restrictions. The patient can return to his/her prior position because you, the health care provider certifies, that he/she can perform the essential functions on the job.

Modified Duty: The patient has some work restrictions. Work restrictions must be specifically notated on the following page. Each modified duty work restriction request will be reviewed carefully to determine if the employee can perform the essential functions and return to work.

Not Released: The patient is not released to work in any capacity due to physical or behavioral limitations.

GINA Instruction: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Confidentiality Notice: All information on this form, including any supporting medical documentation, shall be maintained in separate files and shall be treated as confidential medical records under GINA and the Americans with Disabilities Act of 1990, as amended (ADA). Under the ADA, this information may be disclosed to management personnel who need to be informed of any work restrictions and accommodations, first aid personnel (when appropriate), and government officials investigating compliance with the ADA, FMLA or other applicable law.

Submission: The Fitness for duty Form can be submitted confidentially to:
Attention to Safety & Benefits Department
Email: usincidents@airswift.com & benefits@airswift.com
Secure Fax Number: 832-383-0682; Phone Number: 713-328-4560



Job Function Analysis for Fitness for Duty Evaluation



Note: This form should be completed by the Service Consultant with input from a supervisor, manager or the Client as needed. After this form is completed, it should be provided to the employee who should deliver this form, along with the job description to the medical provider performing the Fitness for Duty Evaluation.

Candidate Full Legal Name	
Job Title/Position	
Description of Duties (Attach complete job description if available) <input type="checkbox"/> Job Description Attached	
Work Location (including country)	

Essential Functions for the Position

<input type="checkbox"/> Below Waist Lifting (___ lbs)	<input type="checkbox"/> Above Waist Lifting (___ lbs)	<input type="checkbox"/> One Hand Carrying (___ lbs)
<input type="checkbox"/> Two Hand Carrying (___ lbs)	<input type="checkbox"/> Pushing-Max Force (___ lbs)	<input type="checkbox"/> Pulling-Max Force (___ lbs)
<input type="checkbox"/> Sit, Stand, Kneel, Squat (___ hrs)	<input type="checkbox"/> Reaching (High Level / Low Level)	<input type="checkbox"/> Walking (> ___ ft. / miles)
<input type="checkbox"/> Climbing Ladder (___ Rungs per day)	<input type="checkbox"/> Climbing Stairs (___ Steps per day)	<input type="checkbox"/> Jumping (> ___ ft. ___ Repetitions)
<input type="checkbox"/> Body Twisting/ Static (_____)	<input type="checkbox"/> Throwing (___ lbs, ___ ft.)	<input type="checkbox"/> Lift <u>From</u> Floor & Carry Task (___ lbs. for ___ ft. for ___ Repetitions)

<input type="checkbox"/> Balancing (Ability to maintain bodily equilibrium and stability on level or uneven surfaces)	<input type="checkbox"/> Sense of Smell (Perceiving odors or scents that could indicate harmful environmental exposure)	<input type="checkbox"/> Speaking Clearly (Ability to communicate over substantial background noise)
<input type="checkbox"/> Seeing at a Distance (See objects > ___ ft. away)	<input type="checkbox"/> Seeing - Near (See objects < ___ inches / feet away)	<input type="checkbox"/> Color Vision _____ (Ability to distinguish different colors)
<input type="checkbox"/> Depth Perception (Ability to judge distances and spatial relationships.)	<input type="checkbox"/> Hearing - Speech Range/All (Ability to hear all sounds made by the human voice as well as human hearing)	<input type="checkbox"/> Other
Other Relevant Functions (e.g., critical thinking, meeting deadlines, etc.), Information or Circumstances:		
Form Completed By (Name):		
Title/Position:		
Signature:		

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Airswift
HSE Management System
Date: 10/18/2018
Version: 9
Owner: Operations Manager – North America



Airswift Fitness for Duty Form

PART I. EMPLOYEE INFORMATION	
Employee Name:	Phone Number:
Last 4 Digits of SSN (to confirm identity): XXX-XX-	Work Location (City, State, Zip Code):
Title / Position:	
Employee Authorization: I HEREBY GIVE MY CONSENT to the healthcare provider listed below permission to disclose my medical information by answering the questions contained in this questionnaire. I authorize disclosure of this information Airswift, and its authorized employees, representatives, and agents.	
Employee Signature:	Date:

PART II. PROVIDER INFORMATION

Name of Treating Physician:	Specialty of Treating Physician:
Clinic / Facility Name:	Clinic / Facility Address:
Clinic / Facility Phone Number:	Fax Number:

PART III. INFORMATION RELATING TO EMPLOYEE'S HEALTH CONDITION

Date Patient was Last Examined: _____.

I have reviewed my patient's job description and I can attest that the patient is:

- Fully Released** - Able to return to work and perform his/her duties with no restrictions effective _____.
- Modified Duty** - Able to return to work and perform his/her duties with restrictions listed below effective _____.
- Not Released** - Is not released for any type of duty. Next evaluation date will be on _____.

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PART IV. RESTRICTIONS / ACCOMODATIONS

List Restrictions Below	Start Date	Next Evaluation Date
Ex: Patient cannot work more than 4 hours per day and/or on a <u>particular shift</u> for two weeks	1/1/1999	1/15/1999
1.		
2.		
3.		
4.		

PART V. ADDITIONAL INFORMATION

Is the patient taking any prescription medications that impair his/her abilities to perform his/her work or any other independent tasks (like driving) safely?

No

Yes

If yes, please explain:

Any additional comments or concerns that should be addressed:

PART VI. PHYSICIAN SIGNATURE

Physician Authorization: I HEREBY CERTIFY that the information on this form is true and correct.

Physician Signature:

Date:

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What is “Access to Medical Records”?

Along with completing Fit for Duty Evaluation you as an employee have the right to access your medical and exposure records (if any) that concern your employment. Access means the right to examine and copy medical and exposure records.



As an employee, you and your designated representatives may access your medical and exposure records in one of three ways:

- The employer may give you a copy of the document, or
- The employer may provide facilities for you to copy the document, or
- The employer may loan you the document to copy it offsite.



Employee Medical and Exposure Records



Employee medical records include:

- Medical and employment questionnaires or histories.
- Results of medical examinations and laboratory tests.
- Medical opinions, diagnoses, progress notes, and recommendations.
- First-aid records.
- Descriptions of treatments and prescriptions.
- Employee medical complaints

Employee Exposure records include:

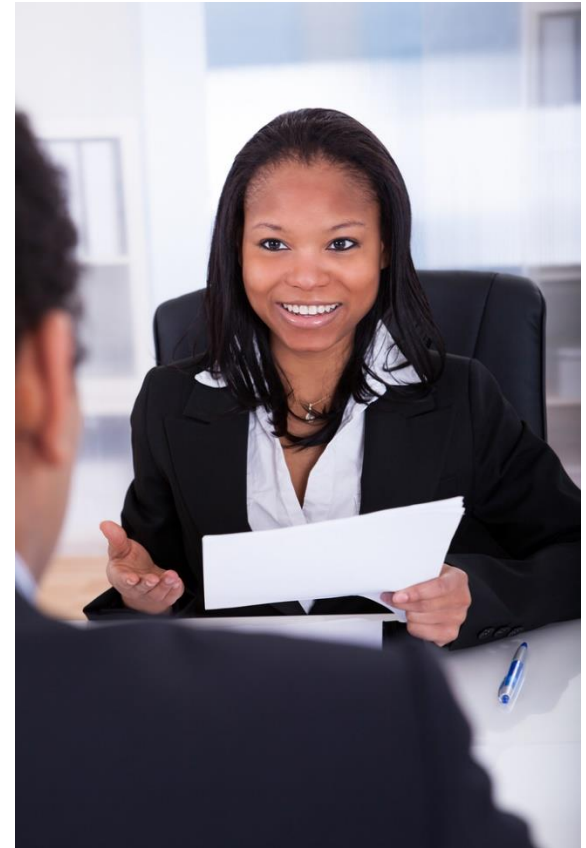
- Monitoring results of workplace air or measurements of toxic substances or harmful physical agents in the workplace, including personal, area, grab, wipe, or other forms of sampling results.
- Biological monitoring results, such as blood and urine test results
- Material safety data sheets (MSDSs) containing information about a substance's hazards to human health.



Employer's Responsibility

Preserve and maintain accurate medical and exposure records for each employee for up to 30 years.

- Inform workers of the existence, location, and availability of those medical and exposure records.
- Give employees any informational material regarding this standard that OSHA makes available to the employer.
- Make records available to employees, their designated representatives, and to OSHA, as required.



- Workers should ensure that at all times they are *Fit* to undertake their work in the workplace.
- Be adequately able to assess the risk of any activity they plan to undertake and be acutely aware of their surroundings.
- Be able to focus on the task at hand and follow all procedures in place to ensure the job is completed safely and properly.
- Be able to access medical and exposure records as and when required



Following this policy will help reduce the risk of work-related injuries.



Training Roster

Please complete the training roster by either scanning the QR Code or clicking the link below.



<https://forms.office.com/Pages/ResponsePage.aspx?id=-8h9YWiPvEqU-HwIfqicf-aZYOT3noVOrngpiHPPQkFUQjJTRUIOMDg5SDBVRzRYMU1ERjNYSVBQUi4u>



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