



Occupational &
Environmental Medicine

Engaging with Relevant Workplace Parties

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Faculty/Presenter Disclosure

- **Faculty:** Sol Sax, MD, FRCPC FCBOM
- **Relationships with financial sponsors:**
 - **Grants/Research Support:** N/A
 - **Speakers Bureau/Honoraria:** ORAC, Shaftesbury, TTC
 - **Consulting Fees:** GSK, Bora, ThermoFisher Pharma, Wellpoint/Oncidium, General Electric, Terrapure Environmental
 - **Patents:** N/A
 - **Other:** N/A



Disclosure of Financial Support

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- This program has received in-kind support from – N/A
- Potential for conflict(s) of interest:
 - None



Mitigating Potential Bias



Occupational &
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- The information presented in this program is based on recent information that is explicitly “evidence-based”.
- This Program and its material is peer reviewed and all the recommendations involving clinical medicine are based on evidence that is accepted within the profession; and all scientific research referred to, reported, or used in this CME/CPD activity in support or justification of patient care recommendations conforms to the generally accepted standards

Learning Objectives



Occupational &
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By the end of this session, participants will be able to:

1. Describe WHY health care practitioners (HCPs) should engage with workplace parties
2. Explain WHEN HCPs should engage with workplace parties
3. Describe HOW HCPs might engage with workplace parties

Agenda

- Roles in Occupational Medicine
- Ethics and The Law – WHO and HOW
- Privacy – HOW
- Getting it right - CONSENT and COMMUNICATION
- Stakeholders - WHO
- Disability or Occupational Injury Management --- WHY



Case study



Your 46-year-old male patient comes to see you in follow-up after 4 weeks with acute low back pain (LBP).

When he first saw you 1 week into his acute episode, you assessed that he had a low back sprain/strain and prescribed gentle, graded activity, NSAID's prn (non-steroidal anti-inflammatory drugs as needed), some stretches and heat. He tells you he is much better, but still a bit sore, and feels he needs another 4 weeks off work, and then he'll be fine to return to his job as a maintenance mechanic.

He gives you an Attending Physician's Report form to complete. What do you do?

OCCUPATIONAL HEALTH, SAFETY & WELLNESS
ATTENDING PRACTITIONER REPORT



EMPLOYEE INFORMATION AND CONSENT (to be completed in full by employee ONLY)

NAME (Last, First): _____ CONTACT NUMBER: _____ STATUS: FT PT TEMP
MANAGER: _____ DEPARTMENT: _____
OCCUPATION: _____ FIRST DAY ABSENT: _____

I hereby authorize the practitioner, by completing and signing this form, to fill out and release all sections of this form to my employer's Occupational Health, Safety & Wellness Department (OHSW) for the purposes of validating and managing my medical leave of absence, as it relates to my fitness for work. I understand that OHSW will keep my medical information confidential and it will be used to facilitate my return to work. I consent to allow OHSW to release the status of my absence, the duration, and my ability to return to work (including any restrictions) to only those individuals necessary to facilitate my medical leave, return to work, and/or accommodation.

By signing below, I acknowledge my understanding of the information above and I agree to provide my consent accordingly.

EMPLOYEE SIGNATURE: _____ DATE: _____

PRACTITIONER'S REPORT (to be completed in full by MD, NP or Physiotherapist ONLY)

Please complete this form to assist us in determining your patient's eligibility for sick leave due to total disability. Please note that if your patient is not able to perform the regular duties of their job, we may be able to provide suitable modified work. Please complete all applicable sections and return this form promptly to ensure continuation of wages and/or benefits for your patient.

If this is a workplace injury or illness, STOP! Do not use this form. Complete a WSIB Form 8.

1. Nature of illness/injury (no diagnosis required), e.g. neurological, orthopedic, respiratory, mental health: _____

Communicable disease potentially reportable to Public Health Surgical Matter: OHIP Covered YES NO
 Hospitalized or fully bedridden from _____ to _____ Recurrent condition

2. First date of injury/illness: _____ Date of first visit for current health issue: _____

3. Is the patient participating in an active treatment plan? YES NO

4. If the patient is participating in an active treatment plan (e.g. medication/physiotherapy/counseling, etc.) please provide details
Please note: if your patient is a Registered Nurse, hired by PRHC prior to January 1, 2006, you do not need to complete question #4.

5. Is the patient presently under the care of a physician/other specialist? YES NO If no, has a referral occurred? YES NO N/A

6. Unable to perform job duties as of this date: _____ Expected return to regular duties: _____

FUNCTIONAL ABILITIES (to be completed by qualified MD, NP, or Physiotherapist)

Was a formal assessment, testing, or measurement done to determine functional abilities? YES NO

PHYSICAL ABILITIES	Physical limitations <input type="checkbox"/> N/A		
Lifting floor to waist	<input type="checkbox"/> 5-10kg	<input type="checkbox"/> up to 5kg	<input type="checkbox"/> other: _____
Lifting waist to shoulder	<input type="checkbox"/> 5-10kg	<input type="checkbox"/> up to 5kg	<input type="checkbox"/> other: _____
Lifting at or above shoulder	<input type="checkbox"/> 5-10kg	<input type="checkbox"/> up to 5kg	<input type="checkbox"/> other: _____
Reaching	<input type="checkbox"/> no over shoulder	<input type="checkbox"/> no overhead	<input type="checkbox"/> other: _____
Sitting/standing/walking	<input type="checkbox"/> up to 60 min.	<input type="checkbox"/> up to 30 min.	<input type="checkbox"/> other: _____
Pushing/pulling	<input type="checkbox"/> occasional		<input type="checkbox"/> other: _____
Bending/crouching/kneeling/climbing	<input type="checkbox"/> occasional		<input type="checkbox"/> other: _____
Hand function	<input type="checkbox"/> avoid gripping/pinching		<input type="checkbox"/> other: _____

COGNITIVE ABILITIES Cognitive limitations N/A
 Concentration attention memory communication
 Judgment (explain) _____
 Ability to use motorized vehicle, machinery and/or equipment
 Medication side effects: _____
 Other: _____

Practitioner's Stamp

COMMENTS: _____

Practitioner's Full Name: _____
Professional Designation/Specialty: _____
Signature: _____ Date: _____

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Roles Served by Occupational HCP's

- Workplace Health Risk Assessment, Risk Management, Risk Communication
- Disability Management
- Occupational Disease Prevention and Surveillance
- Fitness to Work Evaluation
- Health Promotion
- First Aid and Crisis Management
- Policy Development

Ethics Considerations

- **Respect the Confidentiality of Medical Information**
- Fair/Objective/Independent
 - Carefully weigh all opinions
- Are you acting as the Patient Advocate?
 - Try to behave as a Health Advocate
- Recognize your limitations and the *information imbalance* that exists
- Recognize the special skills of others

Privacy Legislation Ontario

- Informed Consent
- Personal Health Information Protection Act (PHIPA) – Ontario
(<https://www.ontario.ca/laws/statute/04p03>)
- Personal Information Protection and Electronic Documents Act (PIPEDA)
(<https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-personal-information-protection-and-electronic-documents-act-pipeda/>)
- College of Physicians and Surgeons of Ontario (CPSO) Policy
 - Mandatory Reporting Circumstances
- For consent to be considered valid, it must be an "informed" consent. **The obligation to obtain informed consent must always rest with the HCP**
- Understand the Mandatory reporting requirements of your College
 - (Drivers, Pilots, Railway, Maritime, etc.)

Disability Management

An active process of minimizing the impact of an impairment resulting from injury, illness, or disease on the individual's capacity to participate competitively in the working environment

- It is Proactive
- It is a Process that enables Labour and Management to assume joint responsibility as decision makers
- It promotes Prevention, Active Rehabilitation, and **Safe and Timely return to work**

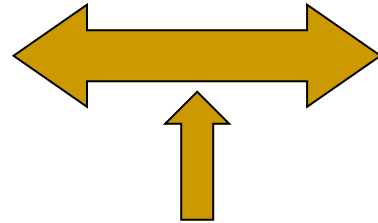
(Adapted from Shrey and Lacerte - Principles and Practices of Disability Management in Industry – March 1, 1995)

Who are the Key Stakeholders?

- You are the family physician reviewing a factory housekeeping employee who claims to have acquired occupational asthma due to exposure to chlorine bleach cleaning agents.
- In the next 60 seconds, list all the possible stakeholders you might want to communicate with or receive communications from as you work your way through the claim.

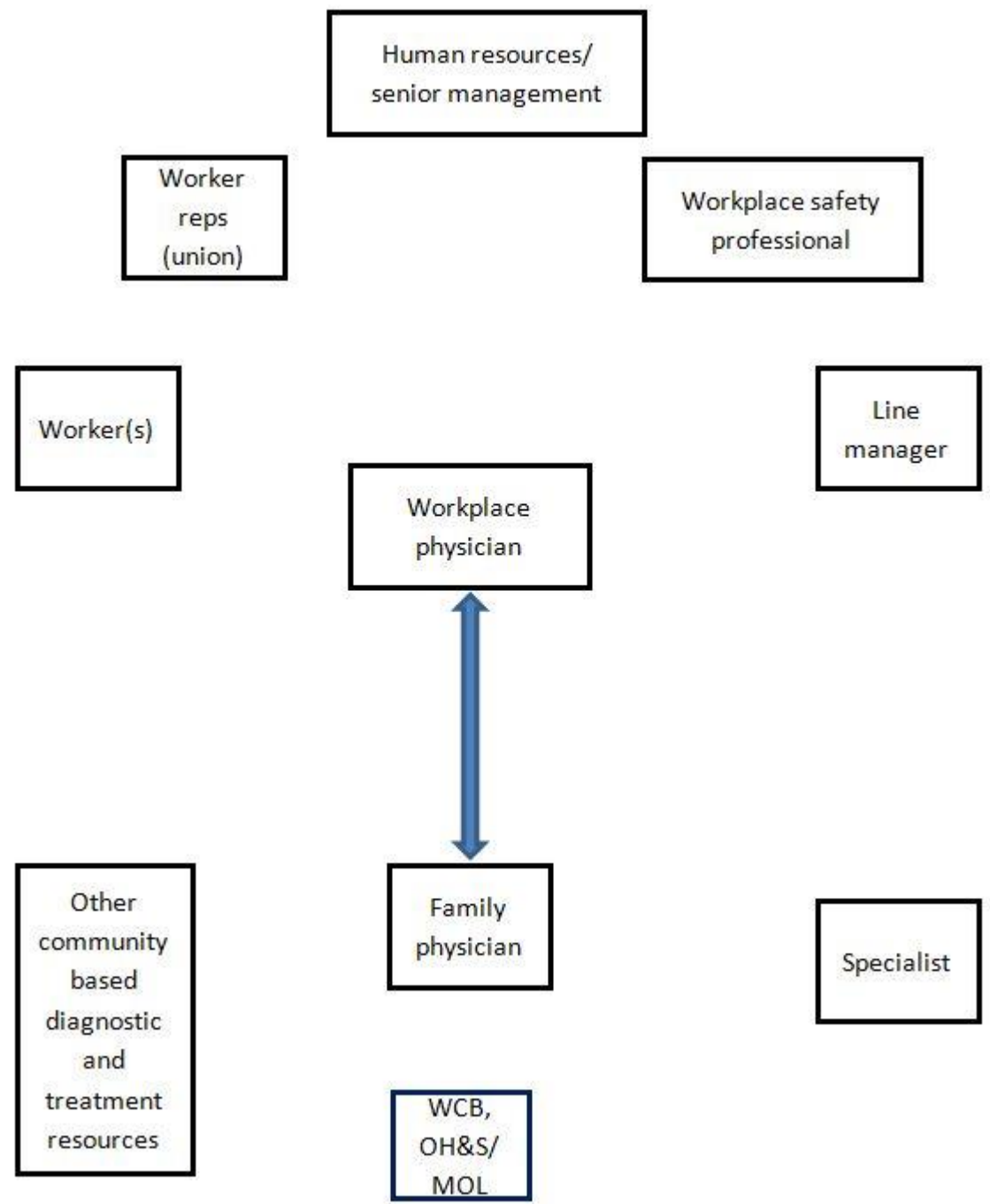
Disability Management - Who?

Manager



Employee

Human Resources
Health and Safety Professional
Occupational Hygiene
WSIB or Insurer Case Manager
Union
Legal
Personal HCP/Specialist



Disability Management - How?

Guiding principles are that:

- Team efforts are focused on a safe, timely and sustainable return to work
- The disability case management model is behavioural, not primarily medically-based
- The Disability Case Management Specialist, Occupational Health Nurse and Corporate Advisor are health advocates not employee or employer advocates
- Successful outcomes are predicated on early intervention to establish the proper course of action, and,
- Supervisors/managers and employees are key team members whose relationship is critical to successful interventions

Attending Practitioner Report (APR)

Key Considerations:

- Is the consent block signed?
- What are you entitled to release?
- Answer all questions accurately, objectively, comprehensively and LEGIBLY
- Avoid editorial comments “you have no right to this information”
- Review the report with the patient

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Disability Management - Supplementary

Re: Your Patient

To: Dr. Doctor,

Thank you for your support towards Ms. XYZ's well-being and safety at work. I am the disability case specialist assisting Ms. XYZ's occupational health writing from CAMH's Health, Safety, and Wellness department. Ms. XYZ is currently a case worker on the Child and Youth unit at CAMH.

Attached please find Ms. XYZ's medical release consent.

To identify how CAMH may aid Ms. XYZ, we need objective medical evidence that would support Ms. XYZ's request. CAMH is sincerely committed to the health and wellness of its employees and makes every reasonable effort to offer safe and meaningful work to those who require medical accommodations.

Disability Management - How?

- Written Communications
 - APR
 - Supplementary Letter
 - Request for reports
- Verbal Communications
 - Outgoing
 - Incoming – “Doc-to-Doc” call

WSIB Reportability

Reports re: Health care

37 (1) Every health care practitioner who provides health care to a worker claiming benefits under the insurance plan or who is consulted with respect to his or her health care shall promptly give the Board such information relating to the worker **as the Board may require**.

Snarky or Inappropriate Notes

- The “Bossectomy” note
- The “I’m going to tell you exactly where to place this person” note
- The “I know so much more than you” do
- The “ I’m a genius and you’re an idiot” note
- The “ Totally opposite to the Science” note

The Bottom Line

- Understand your legal obligations
- Advocate for your patient's health
- Understand the key stakeholders
- Communicate professionally, accurately, timely, objectively, legibly
- Stay in your lane
 - Stick to fitness to do the job - Restrictions or Limitations
 - Do not opine on accommodation unless asked

Questions?

