The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

COMPLIANCE
This operating procedure applies to all units operated by the Virginia Department of Corrections. Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.
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<th>DEFINITIONS</th>
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<tr>
<td><strong>Employee Assistance Program (EAP)</strong> - A confidential employee benefit program that assists eligible employees and their family members with problems affecting personal and work life, such as:</td>
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<td>- Conflicts within the family and workplace</td>
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<td>- Personal and emotional concerns</td>
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<td>- Alcohol and substance abuse</td>
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<td>- Financial and legal problems</td>
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<td>- Elder and child care</td>
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<td>- Career concerns and other challenges</td>
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<td><strong>Fitness for Duty</strong> - A state in which an employee is physically, mentally, and emotionally able to perform assigned job duties competently and safely within their work facility</td>
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<td><strong>Health Care Provider</strong> - A health care professional licensed to practice, bills or is paid for health care services in the Commonwealth or state where an employee resides and competent to medically certify physical or psychological/psychiatric conditions. Appropriate professionals include, but are not limited to; physicians, physician assistants, psychiatrists, psychologists, physical therapists, occupational therapists, speech therapists, vocational rehabilitation specialist, and licensed mental health professionals.</td>
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<td><strong>Independent Medical Examiner (IME)</strong> - A licensed treating health care provider not involved in the employee’s routine health care, who is chosen by the Department of Corrections to perform a fitness for duty examination</td>
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<td><strong>Objective Evidence</strong> - Information based on facts that can be proven through analysis, measurement, observation, and other means of research.</td>
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<tr>
<td><strong>Organizational Unit</strong> - A DOC unit, such as a correctional facility, regional office, probation and parole office, Virginia Correctional Enterprises (VCE), Academy for Staff Development, Corrections Construction Unit, Agribusiness Unit, and individual headquarters unit e.g., Human Resources, Offender Management, Internal Audit</td>
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<tr>
<td><strong>Organizational Unit Head</strong> - The person occupying the highest position in a DOC Organizational Unit</td>
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PURPOSE
The operating procedure provides guidance for promoting a safe work environment and protecting the health and wellness of employees.

PROCEDURE
I. Scope
   A. The Virginia Department of Corrections Vision and Values reflect the Agency’s concern for the safety, health, and wellbeing of its employees. Such an environment is possible only when employees are able to perform their job duties in a safe, secure, and effective manner, and remain able to do so throughout the workday.
   B. Employees are responsible for managing their health in a manner that allows them to perform their job functions safely and should immediately notify their supervisor if they cannot perform the expected job duties of their assigned position.

II. Employee Assistance Program (EAP)
   A. Administrators and managers recognize that a variety of personal problems can disrupt employees’ personal and work lives. Sometimes employees need professional assistance and advice such as that provided through the Department of Human Resource Management (DHRM) Employee Assistance Program. (5-ACI-1C-24; 4-4071; 4-APPFS-3E-14; 2-CO-1C-25; 1-CTA-1C-13)
   B. All salaried DOC employees have access to confidential and voluntary assistance through the EAP.
   C. EAP counselors are available to assist employees with problems, including but not limited to the following:
      • Alcohol, Drugs
      • Family
      • Health
      • Legal
      • Financial
      • Housing
      • Mental Health
      • Child Care, Elder Care
      • Grief
      • Spouse/Child/Parent Abuse
      • Workplace
      • Career Planning, Retirement
   D. Participation in the Employee Assistance Program does not jeopardize an employee’s job security or promotional opportunities.
   E. Participation in the Employee Assistance Program does not excuse the employee from following DOC procedures or meeting required standards for satisfactory job performance.

III. Accessing the Employee Assistance Program
   A. All state employees and eligible family members have access to the EAP.
   B. Eligible participants are granted up to four sessions at no charge.
   C. In general, care through the EAP must be authorized in advance.
   D. The employee or eligible family members will speak to an EAP specialist who will assess the problem and coordinate assistance.
E. If the problem requires mental health or substance abuse care, the employee or eligible household members will be referred to a provider, under the participant’s mental health and substance abuse benefit.

F. The Employee Assistance Program may be reached 24 hours a day.

G. The Employee Assistance Program specialist or care manager will arrange a referral according to the specific needs.

H. Employees who have enrolled in healthcare benefits through the Commonwealth of Virginia should contact their health plan's Member Services department for more information.

COVA Care and COVA HDHP
Anthem Blue Cross and Blue Shield
Member Services: 1-855-223-9277
www.anthemeap.com

COVA HealthAware
Aetna
1-888-238-6232
www.covahealthaware.com

Kaiser Permanente HMO
(866) 517-7042 (toll free)
www.achievesolutions.net/kaiser

Optima Health Vantage HMO
(866) 846-2682 (toll free)
https://login.optimaeap.com/?s_username=Cova

I. Employees who have waived healthcare benefits through the Commonwealth of Virginia should contact Anthem EAP at 800-346-5484 or contact their Human Resource Officer (HRO) for questions regarding the Employee Assistance Program. Counselors with the Employee Assistance Program will make every effort to coordinate referral to a comparable service provider.

J. Under certain circumstances, employees may choose or be required to contact the Employee Assistance Program Services before leaving the work site. If this occurs, the HRO or other Human Resources staff member will provide the employee a confidential area to call EAP.

K. Civil and Work Related Leave will be granted for the employee’s first meeting with the Employee Assistance Program health care provider

1. After the first visit, absence from work for treatment or assistance to which an employee has been referred by the Employee Assistance Program will be charged to an employee's accrued leave, as appropriate, or to leave without pay if the employee does not have adequate accrued leave.

2. If it is determined by the treating health care provider that the employee should be absent from work, the employee must comply with the requirements for requesting leave outlined in Operating Procedure 110.1, Hours of Work and Leaves of Absence.

IV. Referral to the Employee Assistance Program

A. Full-time, classified employees and eligible household members may refer themselves to the Employee Assistance Program.

B. When an employee’s job performance or attendance is unsatisfactory or there appears to be signs of other problems during the workday, the supervisor may refer the employee to the Employee Assistance Program to assist in resolution of the problem.

1. The supervisor should counsel the employee in consultation with the HRO in an attempt to resolve the situation.

2. If the employee appears to be unable or unwilling to correct the situation or if the employee communicates they are having difficulty dealing with personal problems affecting their work or personal life, they may be referred to the EAP as long as the issue is job-related and consistent with business necessity. A formal referral is not mandatory and does not result in disciplinary action for noncompliance.

3. Referral to the Employee Assistance Program or comparable program should always occur with the employee’s consent.
C. Self-Disclosure

1. Employees, who have an alcohol or illegal drug usage problem, may voluntarily inform their supervisor, Organizational Unit Head, or HRO prior to being ordered to report for alcohol or other drug testing; see Operating Procedure 135.4, \textit{Alcohol and Other Drug Testing}.

2. If an employee self-discloses to their supervisor, the supervisor must then notify the Organizational Unit Head and HRO.

3. Upon making this information known, the employee will be referred to the EAP.

4. Probationary employees who disclose that they have an alcohol or illegal drug usage problem may have their probationary period extended for an additional six months.

D. Fitness for Duty

1. An employee is expected to perform essential job functions in a safe and effective manner, and to discuss with their supervisor any circumstances that may impact their ability to do so.

2. In extreme cases when there is objective evidence that the employee may not be able to perform their job without endangering the health and safety of themselves or others, the Department may remove the employee from the workplace pending confirmation from a licensed health care provider (HCP) that the employee is fit for duty. In these circumstances, the Organizational Unit Head in consultation with the HRO must contact the DOC Benefits Manager or designee to refer the employee for a fitness for duty evaluation.

3. Upon receiving a referral for a fitness for duty evaluation, the DOC Benefits Manager will:
   a. Review any objective evidence that led to the referral for evaluation
   b. Determine whether a fitness for duty evaluation is warranted
   c. Work with the employee to select the appropriate HCP to perform the evaluation
   d. Notify the employee in writing if an evaluation is necessary
   e. Review results of the evaluation and determine what, if any, action is appropriate

4. Before the employee returns to work, the HCP must:
   a. Evaluate an employee’s physical, emotional or mental capacities to determine their ability to perform the essential job functions of their job
   b. Provide documentation specifying the employee is able to return to work and effectively perform their job duties in a safe manner without posing a safety risk to themselves or others

5. If the HCP determines the employee may not return to work or may return to work with limitations, the documentation must indicate the duration of the disability and the employee’s limitations in need of accommodation. In these circumstances, the Organizational Unit Head or HRO, with the assistance of the DOC Benefits Manager, must engage in the interactive process with the employee to determine what, if any, accommodation should be provided; see Operating Procedure 150.3, \textit{Reasonable Accommodations}, for further guidance.
   a. An employee must be allowed to return to work if the HCP provides sufficient documentation, as outlined above, indicating the employee is fit for duty.
   b. If documentation from the HCP is insufficient, the DOC Benefits Manager, with appropriate consent from the employee, should contact the HCP to explain any insufficiencies and allow the HCP a reasonable opportunity to provide missing or additional information.

6. Second Opinion
   a. An Organizational Unit Head, in consultation with the HRO, may request a second opinion when there is reason to doubt the validity of evaluation results certifying an employee’s fitness to return to work, or when the Department continues to receive insufficient documentation after reasonable attempts by the DOC Benefits Manager to get clarification as identified above.
      i. The request for a second opinion must be made to the DOC Benefits Manager.
ii. If there is reasonable belief the employee is unable to perform the essential functions of the job or poses a direct threat to their own safety or the safety of others, the DOC Benefits Manager will select an independent medical examiner (IME) to provide the second opinion.

iii. The employee must be restored to work pending the second opinion on the fitness for duty certification.

b. The employee’s organizational unit is responsible for the cost of an evaluation/assessment.

7. Employees’ absences from work pending evaluation results are considered paid civil/work-related leave through receipt of the completed assessment report from HCP. Afterwards, the employee must use their personal leave to be compensated while receiving further treatment requiring an absence from work.

Note: the employee must undergo the fitness for duty evaluation within two weeks of the referral date, unless there are extenuating circumstances outside the control of the employee that are approved by the DOC Benefits Manager or designee.

8. Non-compliance with a request for a fitness for duty evaluation, including a referral for second opinion, may result in disciplinary action.

9. The fitness for duty evaluation process is not intended to be a substitute for sick leave requests, workers’ compensation claims, performance management, or disciplinary action. Supervisors should continue to address performance problems through the performance management process and implement corrective or disciplinary action as appropriate.

V. Confidentiality

A. Personal information concerning employee participation in the Employee Assistance Program must be maintained in a confidential manner.

B. The DOC Benefits Manager will maintain records containing medical information received from independent medical examiners or any health care providers in relation to an employee’s fitness for duty.

C. Access to these records must be in compliance with applicable State and DOC Procedures.

D. No information related to an employee’s participation in the Employee Assistance Program or fitness for duty evaluation is entered in their personnel file.

REFERENCES

Department of Human Resource Management (DHRM), Employee Assistance Program
Operating Procedure 110.1, Hours of Work and Leaves of Absence
Operating Procedure 135.4, Alcohol and Other Drug Testing
Operating Procedure 150.3, Reasonable Accommodations

ATTACHMENTS

None

FORM CITATIONS

None