

Medical Department Return to Work Information Sheet

The NS Medical Department's process for returning employees to work following a long absence or a medically-related absence will depend on the specific situation and is a case-by-case, individualized determination. However, most cases involve the same general steps, and this information sheet describes those general steps at the present time.¹

Medical Documentation Requirements

In general, when an employee is returning to work from an illness, injury or surgery, a work release from the treating doctor including any recommended work restrictions or accommodations should be furnished to the Medical Department. It also may be necessary to provide medical records and reports related to the absence to the Medical Department for review to assist in a fitness for service determination. Delays in returning to service can sometimes be avoided by clarifying with the Medical Department any required medical records or reports in advance of the return to work examination appointment. Once the Medical Department has reviewed all information supplied following such clarification, an appointment for the return to work exam will be scheduled and the employee will be provided any necessary examination forms.

Return to Work Physical Requirements

If an employee in a safety-sensitive and/or physically demanding position has been out of work due to injury or illness, furlough or a nonmedical absence for 90 days or more, a return to work medical examination including urine drug screen is required. Those employees in non-safety sensitive positions who have been out of work due to injury or illness, furlough or a nonmedical absence for one year or more will be required to have a return to work medical examination including urine drug screen. Depending upon the medical reason for the absence, an examination may be required for a shorter period of time out of work, upon the recommendation of the Medical Director.

For your convenience, some additional general guidance on typical return-to-work procedures for specific medical conditions is provided below:

I. Returning to work from a heart condition or procedure

In general, if an employee is returning to safety-sensitive or physically demanding work after an absence due to a heart condition such as angina, chest pain, or heart attack or a heart procedure (such as cardiac catheterization, angioplasty, or heart by-pass), the Medical Department will need to collect and review medical records,

¹ This is intended as an overview of the return to work process. Because an individualized assessment is required, the exact return to work process may vary on a case by case basis.

doctor's reports, and test results related to the heart condition, including stress test reports before it can make a final determination. If the absence has been for a heart problem not listed earlier, such as a valve condition, pacemaker or defibrillator insertion, dizziness, fainting, loss of consciousness, or heart rhythm disturbance or irregularity, the employee should call 800 552-2306 and ask to speak to the occupational health nurse who has been assigned to their case to determine the necessary medical information to be supplied and the appropriate return to work procedures.

II. If an employee is returning after an absence due to diabetes mellitus

In general, if an employee is returning to work following an absence due to newly diagnosed or poorly controlled diabetes, he or she will need to furnish medical records to the Medical Department before it can make a final determination. That report should discuss the control of the diabetes including doctor's notes, office records, blood sugar measurements, hemoglobin a1c determinations, and home glucose monitoring reports as well as a statement from the treating physician that the diabetes is now under acceptable control and stable..

III. From an absence due to a seizure, dizziness, fainting, or loss of consciousness

If an employee has had a seizure or convulsion, the Medical Department will require clearance by the personal physician prior to making a final determination. That clearance should discuss how long the employee has been seizure free and what the doctor believes is the minimum seizure-free period given the job responsibilities, the safety-sensitive nature of the duties, and any requirement for operation of machinery, motor vehicles, or railroad equipment, including locomotives. In general, medical records, including all treating doctor's office visit reports and diagnostic test results (such as EEG results) regarding the seizure will need to be provided to the Medical Department for review. The employee can obtain additional guidance regarding the specific circumstance by calling the occupational health nurse assigned to their case at 800 552-2306.

If an employee has had a fainting spell or loss of consciousness, medical records and reports from the treating physician regarding the evaluation of that condition must be furnished to the Medical Department for review.

IV. From an absence due to an orthopedic, bone or joint condition

If an employee is returning to a non-sedentary position following an injury, illness, or surgery related to the spine, bones, joints, or musculoskeletal system, in general, the Medical Department cannot make a final determination until it has been provided all medical records, including doctor's office visit reports, diagnostic test

results, operative report, and treatment records related to the condition in order to make a proper return to work determination.

V. From an absence due to a sleep disorder, such as narcolepsy or sleep apnea

If an employee is returning to work following an absence due to a sleep disorder, including, but not limited to insomnia, narcolepsy, or sleep apnea, the results of appropriate sleep studies, such as Maintenance of Wakefulness test, Multiple Sleep Latency test, and polysomnogram, should be provided to the Medical Department for review. Also records documenting treatment (including prescribed medication and the absence of adverse medication side effects experienced), treatment compliance, and resolution of the signs and symptoms with treatment should be included.

VI. From absence due to pregnancy, childbirth, or its complications

If an employee is returning to work to a physically demanding job from pregnancy, childbirth, miscarriage, or complication of pregnancy and has been absent for more than 90 days, a return to work physical, including urine drug screen is required. Also a release for duty from the personal physician must be supplied. If an employee is returning to work to a sedentary job, a release for duty from the personal physician is ordinarily sufficient.

Again, specific cases may require different or additional documentation. The employee's direct communication with the occupational health nurse and review of received medical department letters is strongly urged.

VII. Medication and Work

A number of medications, both prescription and over-the-counter, may cause side effects such as sedation, sleepiness, weakness, fatigue, and/or impairment of judgment, reflexes, balance and coordination, that can adversely impact individual and coworker safety. Individuals occupying positions critical to safe railway operations may not work in safety critical and/or non-sedentary positions (including those positions requiring the operation of equipment or motor vehicles) if they are experiencing such side effects. In general, narcotics and other controlled substances may not be taken while at work or within a minimum of 6 hours prior to reporting to work (a longer period of time may be warranted for sustained release or longer acting medications) if in a safety critical and/or non-sedentary job. Those performing only sedentary, non-safety sensitive work should ensure their personal safety, judgment and decision-making abilities are not impaired by medication, either prescription or over-the-counter. Employees should consult their physician and/or pharmacist to address potential side effects, both individually and combined, of all prescription and over-the-counter medications they are taking. If there are

questions regarding the Medical Department's guidelines for use of specific medications and potential effects upon safe performance of job duties, please consult the Medical Department before returning to work.

If the condition is not covered by one of these categories or if employees have other questions regarding return to work they should call either (a) if their last name begins with the letter A through L, 1 800 552-2306 ext 5332, or (b) if their last name begins with the letter M through Z, 1 800 552-2306, ext 5335. Faxes should be sent to (757) 629-2479 or (866) 627-0592.