REASONABLE ACCOMMODATION IN THE WORKPLACE

New policy and the role of INAIL

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(to be completed by scientific/organising committee members)

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SUMMARY

OBJECTIVES

BACKGROUND
  • International and national legislation

METHODS
  • New policy
  • Case report

RESULTS
  • National and regional data
  • Data analysis

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  • Critical issues and perspectives
OBJECTIVES

- describe return to work of people with disabilities from the perspective of a new piece of Italian legislation for work-related disabilities (Stability Law 2015)

- key points

- future perspectives
BACKGROUND
International legislation

  Equal treatment in employment

- Decree 216/2003
  UN Convention 2006 rights of persons with disabilities
  reasonable accommodation

- Law 18/2009
  Law 99/2013 urgent interventions to promote occupation
  reasonable accommodation

- Law 190/2014 (stability law 2015)
  assigned INAIL competence in work reintegration
  personalised projects
  reasonable accommodation
BACKGROUND
National legislation

INAIL Mission
global worker protection

1. Prevention

4. Reintegration

2. Diagnosis and care

3. Rehabilitation
METHODS
New Policy

• Stability Law 2015 (L. 190/2014) assigned INAIL competence in the field of work integration for people with disabilities

• made INAIL one of the pillars of active politics for work

• INAIL issued two schemes to promote work integration
  • in the same company (Circular Letter 51/2016)
    • in the same job
    • in a different job
  • to seek a new job (Circular Letter 30/2017)
METHODS
New Policy

Circular letter 51/2016

WHO

- full time or part-time permanent or temporary workers
- self-employed
- with work-related disabilities
- recognised unfit for his/her own job
- no regard to the level of invalidity

NB: passive measures such as the *quota system* require a cut-off to entitle a disable person to register with the Employment Centres to benefit of *targeted integration.*
METHODS
New Policy

WHAT

up to **95.000 euro** for architectonic barriers removal in the workplace
- ramps
- horizontal routes
- lifts
- toilets

up to **40.000 euro** for adaptation of the work-station
- fittings
- instruments
- aids
- man-machine interface instruments
- work vehicles (i.e. agricultural and forestry tractors or mobile machinery)

up to **15.000 euro** for vocational rehabilitation courses (60%)
- work-station training
- tutorial courses to perform the same job
- professional retraining in a new job
A project may be developed

- at the end of the temporary disability period following an accident at work or in the event of an occupational disease

- the occupational physician or in some cases the NHS prevention service (SPISAL) certifies if the worker is fit for work or not

- when the worker is certified totally or partially unfit for work (temporarily or permanently)
METHODS
New Policy

Each project is developed in 5 steps.

1. Start up
2. Executive Plan
3. Assessment of the Executive Plan
4. Implementation of the Project
5. Accounting obligations

Involvement of INAIL employer and Worker is necessary at any stage
METHODS
New Policy

Step 1
• essential role of physician to bring out the need of intervention
• multidisciplinary team to set up the project
  • physician
  • social worker
  • administrative officer
• capacity profile sheet (ICF core set)
  • physician
  • social worker
• workability certificate
  • occupational physician (company or NHS S.P.I.S.A.L.)

Step 2-5
• mainly administrative responsibilities

technical consultancy services
CONTARP / CTE when needed
METHODS
Case report

Injuries
- many bones fractures
- left wrist
- 2nd lumbar vertebra
- pelvis
- left heel

Impairments
- left wrist function reduced for ½
- lumbar pain
- left ankle function reduced for 1/3
- subtalar joint blocked

Self employed industrial flooring

32% invalidity rate Dlgs 38/00

BACK TO WORK
METHODS

Case report

capacity profile (ICF) showed a serious difficulty in a more than one descriptive item

Need to acquire workability certificate

S.P.I.S.A.L. occupational physician
METHODS
Case report
Occupational physician report

• clear description of the patient’s impairments

• restrictions
  • operations that need over-use of the left hand and flexion, extension and pronosupination of the left wrist
  • operations that need an important lower limbs’ autonomy, especially in case of frequent flexion and extension of the left foot

• hint
  • to use more advanced machines, such as a trowel with seat and a straight edge
METHODS

Case report
Multidisciplinary team

capacity profile sheet ➔ Occupational physician report ➔ three quotations to buy new equipment ➔ Technical support CONTARP engineer ➔ project
RESULTS
National and regional data

• Accidents at work 2017
  • 641084 claims
  • 416986 accepted
  • 355387 no impairments
  • 617 fatalities
  • 60982 impairments 1-100%
  • 914 cases in the range 26-85%

• Occupational diseases 2017
  • 58029 claims (42965 workers)
  • 19291 accepted (15931 workers)
  • 293 no impairments
  • 345 fatalities
  • 15293 impairments 1-100%
  • 948 cases in the range 26-85%
RESULTS
National and regional data

• Circular 51/2016 became operational in April 2017

• At National level about 940 potential cases were reported

• 72 cases met all the legal requirements and became reasonable accommodation projects

• At Regional level (Veneto region) 6 projects are being finalised and 6 more are under construction
RESULTS
Data analysis

• the number of ongoing projects looks limited but we should consider the following aspects:

  • the majority of workers with minor impairments (1-25%) often do not need special interventions

  • people with very severe impairments (85-100%) often prefer to quit work and stay on benefits

  • some employers provide adjustments of work-place or offer different positions in the same company without consulting INAIL

  • therefore the number of subjects that might benefit of the interventions considerably decreases on the total number of cases
RESULTS
Data analysis

• At this stage we consider more important to bring out those cases that might be at risk to lose their job rather than the total number of projects

• The medical advisor plays a key role in intercepting rehabilitation and work integration needs as the physician is the interface between the employer and the Authority.
CONCLUSIONS
Critical issues and perspectives

• **21 million euro** for 2017 and 2018 were allocated for the interventions of reasonable accommodation. **How can we spend it?**

• small and medium enterprises offer a few suitable positions for workers with disabilities

• some enterprises do not perceive the duty of providing reasonable adjustments in the work-place
  • lack of a cultural approach on disability
  • lack of penalty mechanism for breach of this duty

• employers consider the workers’ compensation authority (INAIL) as a control body rather than a partner for work integration
CONCLUSIONS
Critical issues and perspectives

• it is easier to interact with **self-employed** workers (including farmers) as they have a strong interest in maintaining their occupation

• the **information campaign** via media, brochures and mail was not sufficient to involve a higher number of companies

• better results have been obtained in those regions where meetings with the **stakeholders** took place
  • occupational physicians
  • trade unions
  • accountants
  • enterprises associations
CONCLUSIONS
Critical issues and perspective

• the new instruments are an economic advantage for the enterprises also for preventional purposes

• a cultural change is needed

• involve all the actors of the process

• full participation in working life is a human right and an essential step to guarantee the welfare systems in developed societies
return to work is a collective responsibility