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Substance Misuse and Recovery-Friendly Workplaces

Why Occupational Health Professionals Should
Champion Recovery in the Workplace

Presented by

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and

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Return to Duty LLC

2026

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Substance Misuse and Recovery- Friendly Workplaces

Why Occupational Health Professionals
Should Champion Recovery in the
Workplace

Introduction

- Context: Substance misuse affects safety, productivity, absenteeism, and costs
- Purpose: Show why recovery-friendly workplaces benefit employees and employers
- How OH Professionals can simplify the process

Objectives

- Relate the history of drug free workplace and how it affected employers/occupational health providers
- Define the components of a drug free workplace
- Describe the return-to-work process following a positive drug or alcohol test
- Understanding the application of this process to support both worker and employer

Total Worker Health[®] Strategist



Shanna S. Dunbar
[BSN RN COHN-S]

Certified Occupational
Health Nurse



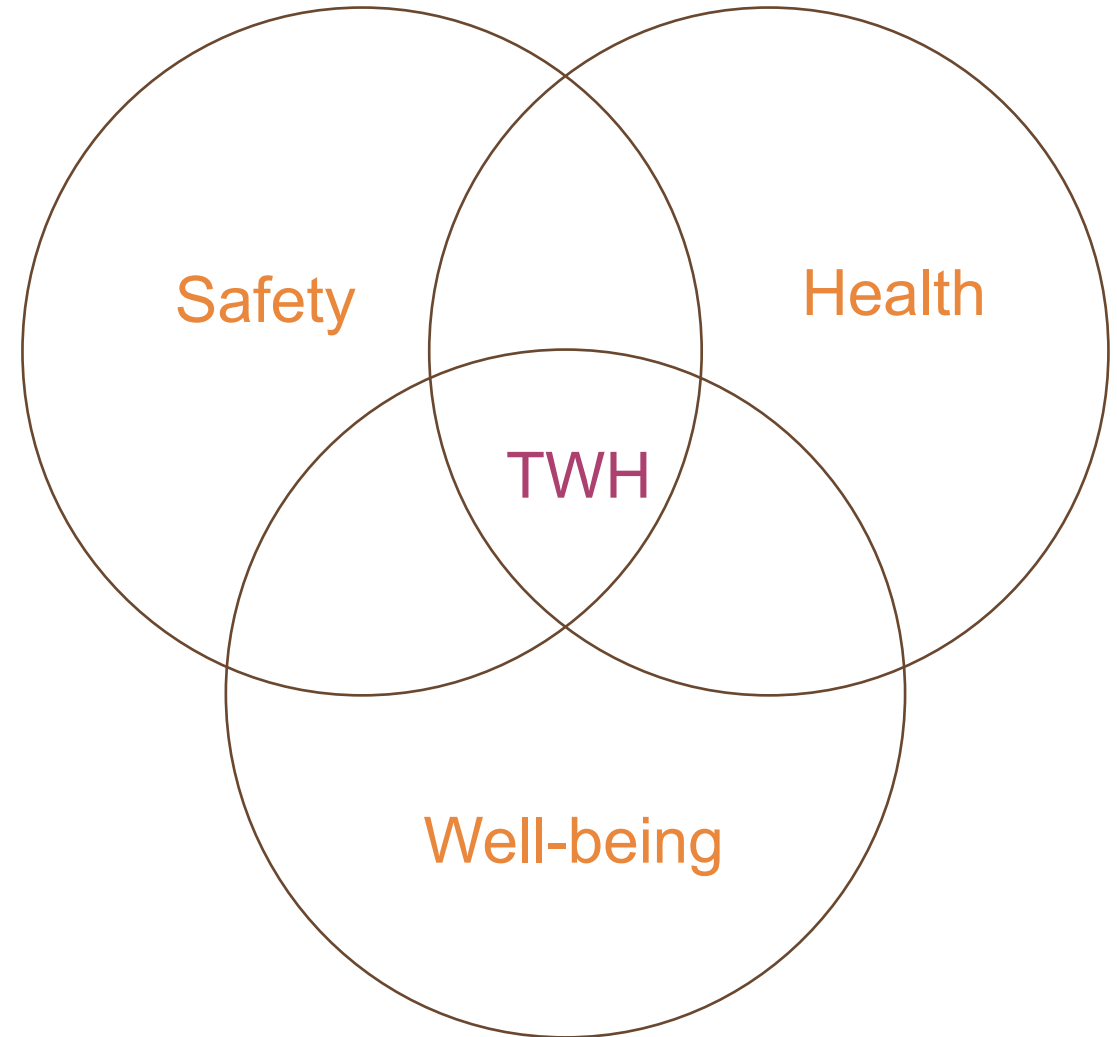
Occupational
Health Nurse

Total Worker Health[®]

Safety:

Health:

Well-being:



DEFINITION

Total Worker Health[®] is a strategy integrating occupational safety and health protection with health promotion to prevent worker injury and illness and to advance health and well-being.



<http://www.cdc.gov/NIOSH/twh/>

<http://www.cdc.gov/niosh/twh/letsgetstarted.html>

Drug-Free Workplace Act of 1988



Long title

A bill to require the recipients of Federal grants and contracts to maintain drug-free workplaces,

History of Drug Free Workplace

1988: Drug Free Workplace Act



1989: Random testing introduced



1991: DOT Omnibus Transportation



1994: Mandatory Alcohol testing



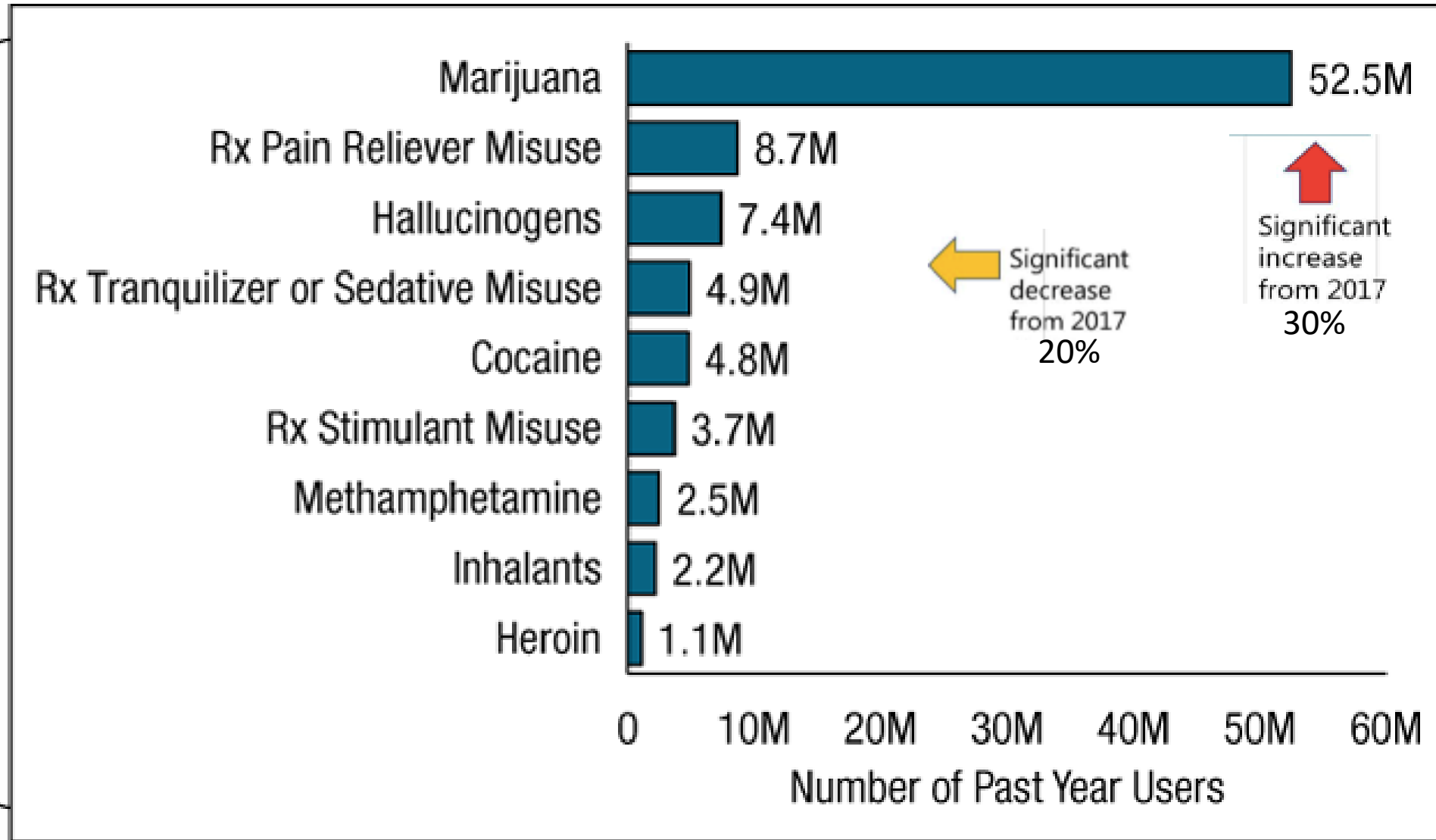
Federal Register: 49 CFR Part 40

The Challenge

Prevalence of substance use disorders (SUDs) in the workforce

Stigma prevents employees from seeking help

Consequences of inaction: injuries, absenteeism, turnover, higher costs



Employer Benefits

- Risk management: Reduced accidents and liability
- Financial ROI: Lower healthcare costs, comp claims, absenteeism
- Reputation: Attract and retain talent with supportive culture

Employee Benefits

- Psychological safety: Trust and openness
- Access to care: EAPs, peer support, flexible leave
- Retention and loyalty: Supportive workplaces keep talent
- Case examples: Positive outcomes from supportive policies

**ZERO
TOLERANCE**



PREVENT. PROMOTE. PROTECT

TM



RECOVERY FRIENDLY HAMILTON COUNTY



Thank You For Your Time Today

Used with permission from Tyler Meenach, Hamilton County Public Health Department

**Why It Matters:
At Work**

>60% of Americans with a substance use disorder are part of the workforce (SAMHSA, 2022).

1 in 12 workers has an untreated substance use disorder (National Safety Council).



**NSC Employer
Cost Calculator
SUBSTANCE USE**





NSC Employer Cost Calculator SUBSTANCE USE

- Ohio
- Construction
- 85 employees

A Substance Use Cost Calculator for Employers

Ohio

YOUR COSTS

This report combines the latest research on employment costs with data from the National Survey on Drug Use and Health (NSDUH) to calculate how much substance use in your workforce costs your company annually, and the savings associated with workers who receive treatment and recover from their addictions.

TOTAL COST:\$10,452

TOTAL COST:\$131,859



Lost Time

COST:

\$40,664



Job Turnover & Re-training

COST:

\$58,747



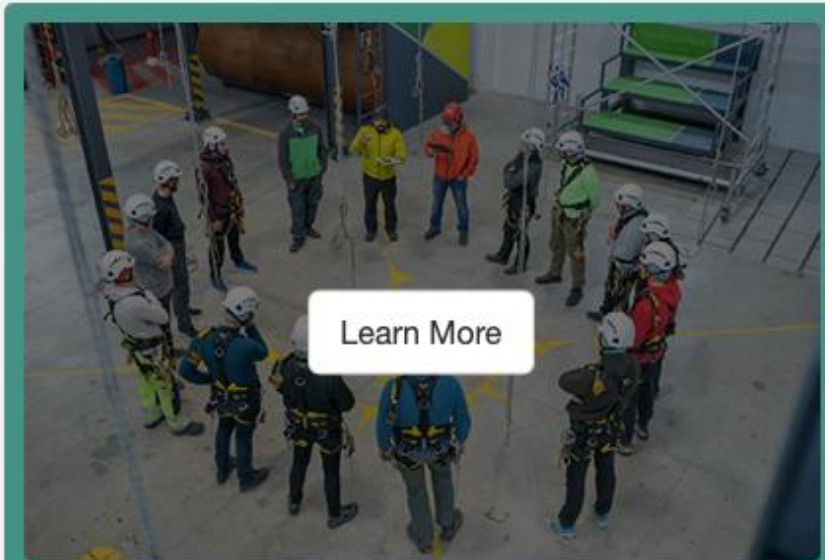
Health Care

COST:

\$32,435

WHO'S AFFECTED?

Your employees and their family members can struggle with substance dependence. These graphics illustrate how many people in your organization may be affected, broken out by group.



Employees

13



Dependents & Family

10

- **\$1,551 per employee**

S. Dunbar, RN, COHN-S, 2025

Practical Steps

- Leadership: Clear, non-punitive **policies**
- **Training:** Supervisors and staff to recognize/respond
- **Support:** EAPs, peer networks, flexible scheduling
- **Integration:** Align with Total Worker Health® strategy

Making it easy!

- Post accident pathway
- Reasonable suspicion pathway

**SUPERVISOR'S CHECKLIST FOR MAKING
REASONABLE CAUSE DETERMINATION**

Employee's name _____

Department _____ Location: _____

Date(s) _____

KNOWING THE SIGNS: The indicators listed below are "warning signs" of drug and/or alcohol abuse and may be observed by supervisors:

Moods:

- Depressed
- Anxious
- Irritable
- Suspicious
- Complains about others
- Emotional unsteadiness (e.g., outbursts of crying)
- Mood changes after lunch or break

Actions:

- Withdrawn or improperly talkative
- Spends excessive amount of time on the telephone
- Argumentative; Displays violent behavior
- Has exaggerated sense of self-importance
- Avoids talking with supervisor regarding work issues

Absenteeism:

- Acceleration of absenteeism and tardiness, especially Mondays, Friday, before and after holidays
- Frequent unreported absences, later explained as "emergencies"
- Unusually high incidence of colds, flus, upset stomach, headaches
- Frequent use of unscheduled vacation time
- Leaving work area more than necessary (e.g., frequent trips to water fountain and bathroom)
- Unexplained disappearances from the job with difficulty in locating employee
- Requesting to leave work early for various reasons

Work Patterns:

- Inconsistency in quality of work
- High and low periods of productivity
- Poor judgment/more mistakes than usual and general carelessness
- Lapses in concentration
- Difficulty in recalling instructions
- Difficulty in remembering own mistakes
- Using more time to complete work/missing deadlines
- Increased difficulty in handling complex situations

Accidents:

- Taking of needless risks
- Disregard for safety of others
- Higher than average accident rate on and off the job

Relationship to Others on the Job:

- Overreaction to real or imagined criticism (paranoid)
- Avoiding and withdrawing from peers
- Complaints from co-workers
- Borrowing money from fellow employees
- Persistent job transfer requests
- Complaints of problems at home such as separation, divorce and child discipline problems

OBSERVING AND DOCUMENTING CURRENT INDICATORS

Patterns of any of the above conduct or combinations of conduct may occur but must be accompanied by indicators of impairment in order to establish "reasonable cause." Please check all indicators listed below that are **currently** present:

- | | | |
|--|---|--|
| <input type="checkbox"/> Constricted pupils | <input type="checkbox"/> Unconsciousness | <input type="checkbox"/> Bizarre behavior |
| <input type="checkbox"/> Drowsiness | <input type="checkbox"/> Excessively active | <input type="checkbox"/> Violent behavior |
| <input type="checkbox"/> Dilated pupils | <input type="checkbox"/> Inability to verbalize | <input type="checkbox"/> Needle/Burn marks |
| <input type="checkbox"/> Odor of alcohol | <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Possession of paraphernalia (such as syringe, bent spoon, metal bottle cap, medicine dropper, glassine bag, paint can, glue tube, nitrite bulb, or aerosol can) |
| <input type="checkbox"/> Scratching | <input type="checkbox"/> Irritable | <input type="checkbox"/> Possession of substance that appears to possibly be a drug or alcohol |
| <input type="checkbox"/> Nasal secretion | <input type="checkbox"/> Flushed skin | |
| <input type="checkbox"/> Red or watering eyes | <input type="checkbox"/> Argumentative | |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Sweating | |
| <input type="checkbox"/> Involuntary eye movements | <input type="checkbox"/> Difficulty concentrating | |
| <input type="checkbox"/> Muscular in-coordination | <input type="checkbox"/> Yawning | |
| <input type="checkbox"/> Sniffles | <input type="checkbox"/> Slurred speech | |
| | <input type="checkbox"/> Twitching | |
- Other _____
- _____
- _____

DETERMINING REASONABLE CAUSE

If you are able to document one or more of the indicators above, ask yourself these questions to establish reasonable cause:

- | | | | |
|---|--------------------------|--|--------------------------|
| Y | N | Y | N |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has some form of impairment been shown in the employee's appearance, actions or work performance? | | Is the impairment current, today, now? | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the facts capable of documentation? | | Are the facts reliable? Did you witness the situation personally, or are you sure that the witness(es) are reliable and have provided firsthand information? | |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Are the facts capable of other explanation? | |

TAKING ACTION Reasonable cause established Reasonable cause NOT established

Action Taken: _____

Prepared by: Supervisor's/Manager's Signature: _____

Reasonable Suspicion Drug and Alcohol Testing

Reasonable suspicion testing will occur when management has reason to suspect that an employee may be in violation of this Policy. A reasonable suspicion test may occur when:

- a. Observed behavior, such as direct observation of drug/alcohol use or possession and/or physical symptoms of drug and/or alcohol use;
- b. A pattern of abnormal conduct or erratic behavior;
- c. Arrest or conviction for a drug-related offense, or identification of an employee as the focus of a criminal investigation into illegal drug possession, use or trafficking. The employee is responsible for notification of the Company, within five (5) working days, of any drug-related conviction.
- d. Information provided either by reliable and credible sources or independently corroborated regarding an employee's substance use; or
- e. Newly discovered evidence that the employee has tampered with a previous drug or alcohol test.

Reasonable suspicion testing does not require certainty, but mere "hunches" are not sufficient to justify testing. To prevent this, all manager/supervisors will be trained to recognize drug and alcohol related signs and symptoms.

As a result of documented evidence that it has been determined that you are unfit for duty, a 5-panel drug test and Breath Alcohol Test is required.

DRIVE EMPLOYEE TO ONE OF THESE TESTING FACILITIES:

Occupational Health

NAME
ADDRESS
PHONE Hours

Emergency Department

NAME
ADDRESS PHONE
Hours 24 hours a day 7 days a week

Injured workers signature

Date

Injured workers printed name

Department

Supervisor Signature

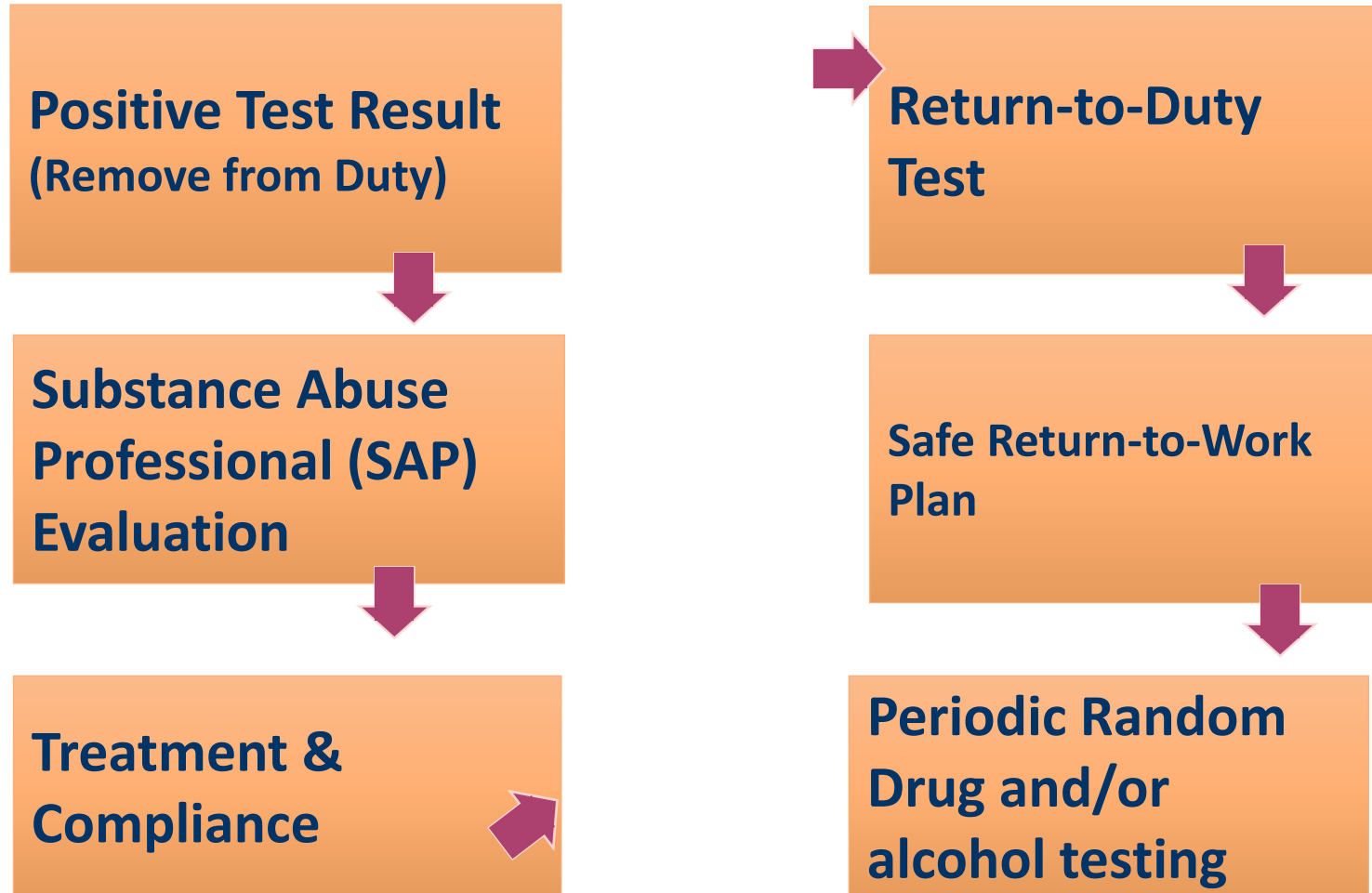
Printed Name

Any questions contact *** at *******

Steps to Testing

- 1) Observation
- 2) Documentation
- 3) Review observations
- 4) TAKE to testing
- 5) Ensure BOTH Alcohol and UDS
- 6) Safely delivered home

Employee Pathway After Positive Drug/Alcohol Test



2026

**AAOHN
NATIONAL
CONFERENCE**

**Please email Shanna or scan the
QR code to request your FREE
recovery Friendly toolkit!
shanna@workplacehealthinc.com**



Our employee had a drug or alcohol violation...

Now what ????



Mindy Guillory RN, BSN, COHN-S/CM, CEAP, SAP

Return To Duty LLC

www.ReturnToDutySAP.com

717-359-6009

mindy@ReturnToDutySAP.com

Understand the Violation

Types of Violations

- Positive drug or alcohol test
- Refusal to test (includes substitution or adulteration)
- Actual Knowledge

Department of Transportation (DOT) Employee

- Mandatory removal from safety sensitive duty
- Zero tolerance? (termination permitted per DOT rules)
- 2nd chance employer? (mandatory removal from safety sensitive duties)
- Federally mandated return to duty process and follow-up testing (49 CFR Part 40)

NON-DOT Employee

- Company policy driven
- Zero tolerance? (termination per company policy)
- 2nd chance employer? (per company policy)
- What are the required steps needed to return to duty? Any follow-up testing? (policy driven)

49 CFR Part 40

“Procedures for Transportation Workplace Drug and Alcohol Testing Programs”

Applies to all 6 DOT modes (FMCSA, FRA, FTA, FAA, USCG, PHMSA)

“Instruction manual” for all DOT agencies on how/when/on who to conduct tests and what procedures to use

Can be used as a benchmark for companies with NON-DOT employees who want to mirror the DOT policies/procedures

DOT Employees- Who are they? Who gets tested?



DOT Agency	Primary Safety-Sensitive Duties	Number of Employees	Minimum 2026 <u>Random</u> Testing Rates
FMCSA (Trucking)	Operating a Commercial Motor Vehicle (CMV), inspecting/servicing equipment, loading/unloading, and waiting to be dispatched.	6,000,000	Drug-50% Alcohol-10%
FAA (Aviation)	Flight crew duties, flight attending, air traffic control, aircraft maintenance, and aviation security/screening.	450,000	Drug-25% Alcohol-10%
FRA (Railroad)	Locomotive engineering, train dispatching, signal maintenance, and any role covered by Hours of Service laws.	111,300	Drug-25% Alcohol-10%
FTA (Public Transit)	Operating or dispatching revenue service vehicles (buses/trains), maintaining vehicles, and carrying a firearm for security.	273,300	Drug-50% Alcohol-10%
PHMSA (Pipeline)	Operating, maintaining, or providing emergency response for pipeline or liquefied natural gas (LNG) facilities.	190,000	Drug-50% Alcohol-N/A
USCG (Maritime)	Operating a commercial vessel or performing crew duties on vessels under U.S. Coast Guard jurisdiction.	150,000	Drug-50% Alcohol-N/A

Who Are Substance Abuse Professionals (SAPs)?

Licensed or Certified-

Physician (MD or
DO)

Psychologist

Social Worker

Employee Assistance
Professional (EAP)

Marriage Family
Therapist

Addictions
Counselor



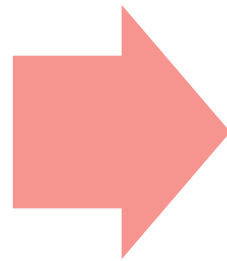
Must have knowledge and clinical experience in the diagnosis and treatment of substance abuse related disorders



Pass SAP exam and maintain continuing education hours

Are Employers Required to Refer a Terminated Employee to a SAP (DOT)?

Yes. The rule requires an employer to provide the employee (including an applicant) who violates a DOT drug and alcohol regulation with a list of at least 2 qualified SAPs (even if the employee is fired).



The employer has no further obligations (e.g., facilitate referral to the SAP, ensure that the employee receives a SAP evaluation, or pay for the evaluation).

Benefits of Using a SAP for NONDOT Programs

SAP not federally required, but strongly recommended

- Employer policies determine process and requirements
- Often used to ensure consistency, fairness, and best practices

Provides clinical expertise and objective decision-making

- Helps employers avoid inconsistent disciplinary actions
- Supports employee recovery and reduces relapse risk

What Happens During a SAP Evaluation?

Face-to-face or virtual clinical assessment

- Review of violation and substance use history
- Determination of education vs counseling vs treatment
- Clear documentation of recommendations

The SAP's Referral

The SAP's recommendation should be the level of care most likely to support the employee in achieving and maintaining abstinence

DOT defines "assistance" as treatment and/or education

The SAP should assist the employee's entry into the recommended education and/or treatment program

Completion does not guarantee job reinstatement

Purpose of Follow-Up Evaluation

The SAP uses the follow-up evaluation to determine that the employee has (or has not) complied with the SAP's recommendations

It helps the SAP make continuing care/follow-up testing decisions

An employer cannot conduct the return to duty test or put the employee into safety sensitive duties until the SAP has provided a follow-up evaluation indicating successful compliance

Return to Duty (RTD) Drug/Alcohol Testing

Conducted *after* employee successfully completes SAP's treatment and/or education requirements

Ordering the test is **employer's** responsibility (not the SAP). Employer decides *IF and when* test will take place (SAP simply makes them "eligible" for the RTD test).

DOT return to duty tests must be directly observed by someone of the same gender

Test can be for drugs, alcohol, or both (per SAP)

Employer must receive verified negative results before return to safety sensitive duties

**The RTD test can also be the pre-employment test

Company policy dictates who pays for the testing. It is not regulated by DOT

Follow-Up Testing

Must be directly observed by someone of the same gender (DOT)

SAP determines test type (drug, alcohol, both), frequency, and duration

Employee must also stay in random pool

Follow-up testing plan can NEVER be shared with the employee

The Follow-Up testing plan can NEVER be shared with the employee

For DOT, the testing plan follows the employee to future employers (future employer responsible for resuming testing plan)

Follow-Up Testing



Follow-up testing is not an employee's consequence for violating a DOT rule or failing a drug test



Should be used as a tool to monitor an employee's ongoing compliance with the DOT/company policy



Consider it a "regulatory insurance policy"



Helps identify an employee who has started using again- and intervene early



The employer should schedule follow-up tests on dates of their choosing. Tests must be unannounced with no discernable pattern as to their timing, and the employee should be given no advance notice



DOT Minimum Requirement- 6 tests in 12 months but DOT gives the SAP the authority to order any number of follow-up tests per year for up to 5 years

FMCSA Drug & Alcohol Clearinghouse Overview

Secure FMCSA database tracking Commercial Drivers' License (CDL) drug and alcohol violations

- Registration in the Clearinghouse is required for all CDL holders
- Employers must conduct pre-employment and annual queries
- Tracks prohibited status, SAP progress, and return to duty eligibility
- Only for FMCSA (no other DOT modes have a Clearinghouse)

DRUG & ALCOHOL CLEARINGHOUSE

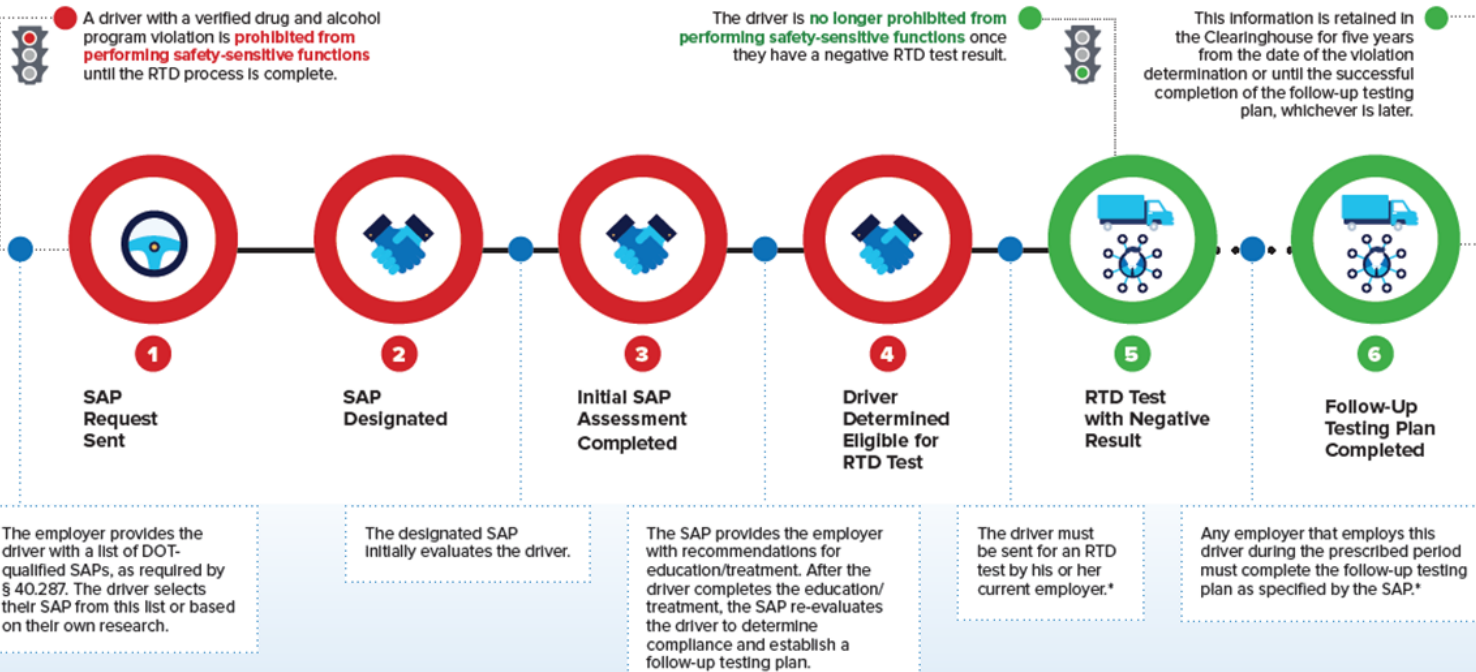
The Return-to-Duty Process and the Clearinghouse

U.S. Department of Transportation
Federal Motor Carrier Safety Administration

How does the Clearinghouse fit into the RTD process?

The return-to-duty (RTD) process outlined in Part 40 Subpart O has not changed. The graphic below illustrates how the reporting requirements detailed in § 382.705 fit into this process.

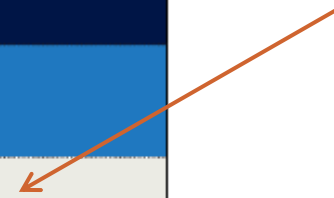
LEGEND	
	Driver
	Employer
	SAP
	C/TPA
	RTD steps not recorded in the Clearinghouse



*In the case of an owner-operator, these steps must be completed by a designated C/TPA.

CDL/CLP Holders in the Return-to-Duty (RTD) Process
as of Dec 1, 2025

RTD STATUS	# DRIVERS
All Drivers (with at least 1 violation)	324,996
CDL/CLP holders in Prohibited Status	200,767
RTD Process Not Started	157,682
Substance Abuse Professional (SAP) Request Sent	2,105
SAP Designation Confirmed	5,920
SAP Request Declined	1,260
Initial SAP Assessment Complete	10,059
Determined Eligible for RTD Testing	23,736
CDL/CLP Holders in Not-Prohibited Status*	124,229
RTD Test with Negative Results	84,560
Follow-Up Testing Plan Complete	39,669



*A driver is no longer prohibited from performing safety-sensitive functions once they have a negative RTD test result.

Employers, or their designated C/TPA, and MROs are required to report violations of the drug and alcohol program in the Clearinghouse per 49 C.F.R. 382.705, including positive test results and test refusals. This section summarizes the violations reported to the Clearinghouse since January 6, 2020.

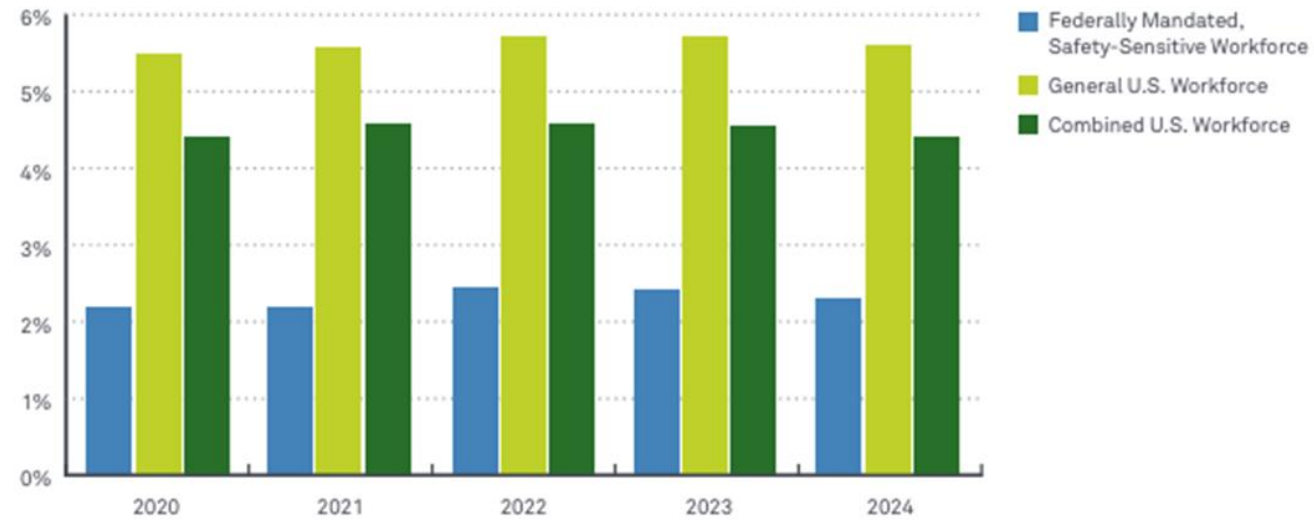
Violations Reported to the Clearinghouse

Violations by Year	
2020	53,325
2021	58,364
2022	68,769
2023	68,754
2024	62,307
2025	53,379
Total	364,898

Violations reported through Nov 2025, as of Dec 1, 2025.

Positivity Rates by Testing Category | *Annual Report*

Urine Drug Tests

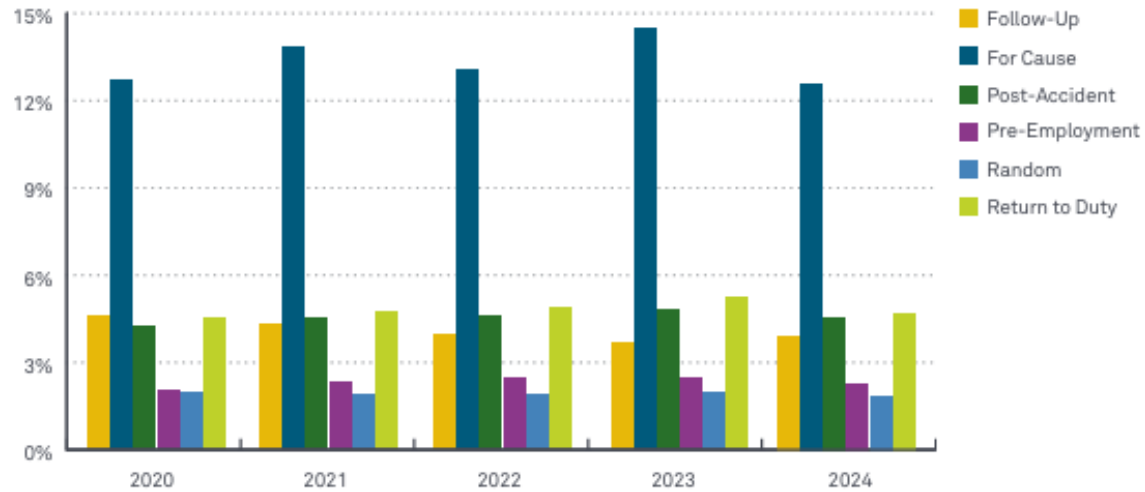


Testing Category	2020	2021	2022	2023	2024
Federally Mandated, Safety-Sensitive Workforce	2.2%	2.2%	2.4%	2.4%	2.3%
General U.S. Workforce	5.5%	5.6%	5.7%	5.7%	5.6%
Combined U.S. Workforce	4.4%	4.6%	4.6%	4.6%	4.4%

Positivity Rates by Testing Reason | *Annual Report*

Urine Drug Tests – For Federally Mandated, Safety-Sensitive Workforce

DOT

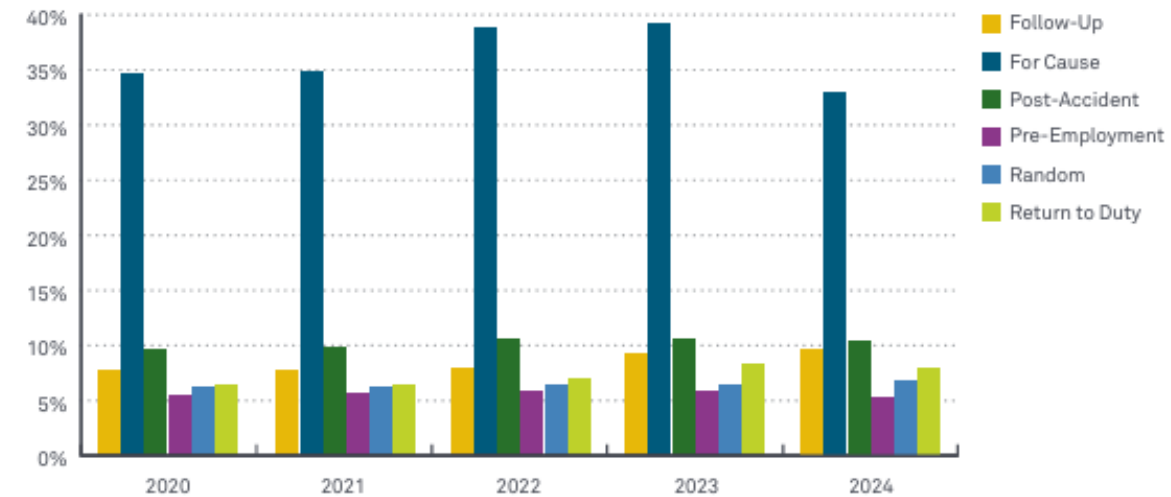


Testing Reason	2020	2021	2022	2023	2024
Follow-Up	4.6%	4.3%	4.2%	3.8%	3.9%
For Cause	12.7%	13.8%	12.9%	14.5%	12.6%
Post-Accident	4.3%	4.4%	4.5%	4.6%	4.5%
Pre-Employment	2.1%	2.3%	2.5%	2.5%	2.4%
Random	2.0%	1.9%	1.9%	2.0%	1.9%
Return to Duty	4.5%	4.7%	4.9%	5.2%	4.8%

Positivity Rates by Testing Reason | *Annual Report*

Urine Drug Tests – For General U.S. Workforce

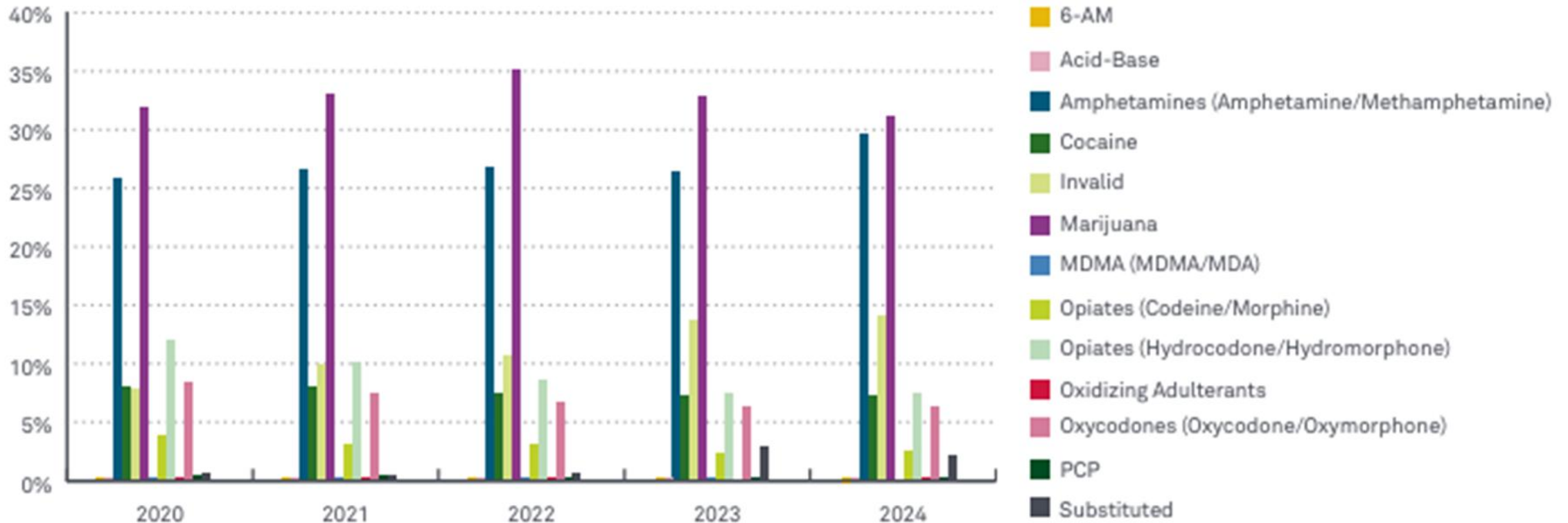
NON-DOT



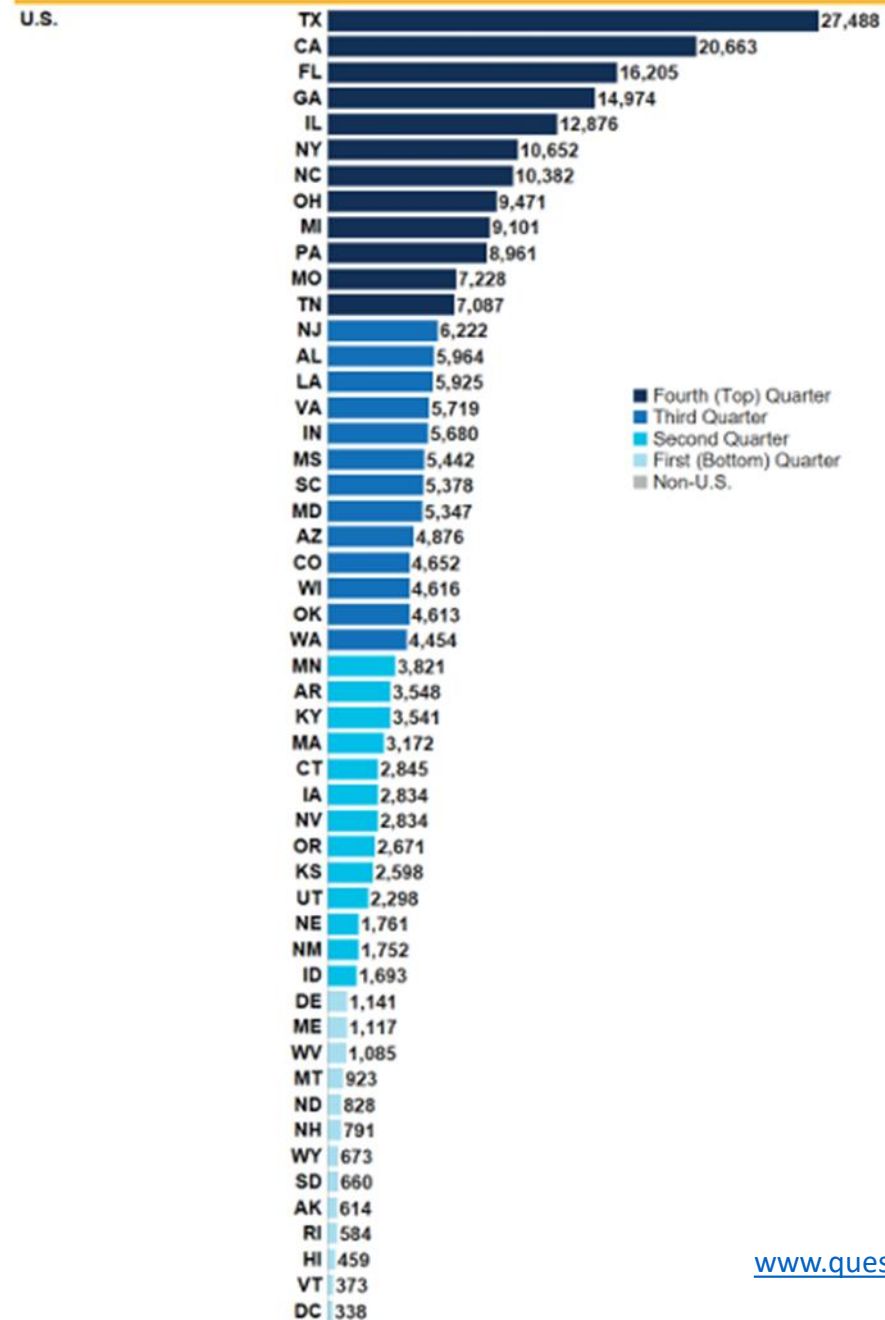
Testing Reason	2020	2021	2022	2023	2024
Follow-Up	7.1%	7.1%	7.3%	8.8%	9.0%
For Cause	34.7%	34.9%	38.6%	39.4%	33.1%
Post-Accident	9.5%	9.7%	10.3%	10.4%	10.2%
Pre-Employment	5.2%	5.4%	5.5%	5.4%	5.1%
Random	5.8%	5.8%	5.9%	6.0%	6.3%
Return to Duty	6.2%	6.3%	7.0%	8.4%	7.9%

Non-Negative Rates by Drug/SVT Category | *Annual Report*

Urine Drug Tests – For Federally Mandated, Safety-Sensitive Workforce, as a percentage of all non-negatives



Violations Reported, by Location of CDL/CLP Issuance



Current Drugs in DOT tests

5-panel

1. THC
2. Cocaine
3. Amphetamines
4. Opioids
5. Phencyclidine (PCP)

Drugs Confirmed-

1. Marijuana
2. Cocaine
3. Amphetamine
4. Methamphetamine
5. MDMA ("Molly"-ecstasy)
6. MDA ("Sass", "Sally"-ecstasy)
7. MDEA ("eve"-ecstasy)
8. Codeine
9. Morphine
10. 6-AM (Heroin)
11. Oxymorphone
12. Oxycodone
13. Hydromorphone
14. Hydrocodone
15. PCP

2025 Notice of Proposed Rulemaking

Key Changes in the Proposal

- Addition of Fentanyl: The DOT proposes adding fentanyl and its metabolite, norfentanyl, to the standard testing panels
 - Rationale for Adding Fentanyl: The change is intended to address the national opioid crisis and align DOT standards with the Department of Health and Human Services (HHS) Mandatory Guideline
- Removal of MDMA and MDA:
 - Rationale for Removal: The MDMA positivity rate was 0.002% or lower from 2021–2023. As such, approximately 40% of MDMA-positive samples also tested positive for other drugs already on the panel, such as amphetamines or THC

Status and Implementation

- The public comment window for this proposal ended on October 17, 2025
- The DOT is evaluating the submitted feedback, with a final rule and formal rollout anticipated later in 2026
- When implemented, the updates will impact all safety-sensitive roles regulated under DOT authority

Coming Soon-DOT Oral Fluid Testing

The rule became effective on June 1, 2023, but employers must wait to implement oral fluid testing until the US Dept of Health and Human Services (HHS) certifies two laboratories capable of processing the tests

The new rule gives employers the option of using a urine or oral fluid test for all drugs on the DOT panel and for any type of test (pre-employment, random, reasonable suspicion, return to duty, follow-up)

Employers will be able to choose different technologies for different types of tests- mix and match (get company policies ready)

Oral Fluid vs Urine: Pros and Cons

Oral Fluid can detect recent drug use more accurately than urine (within 15-30 minutes after use) and will only remain positive for 1-2 days after use (urine tests are not as prompt)

- May be better suited for reasonable suspicion and post-accident testing
- Urine screens can often miss marijuana that has been in the system for less than several hours
- Eliminates the possibility that use occurred many days in the past
- Urine screening tests for the parent THC compound: meaning the non-psychoactive metabolites will be detectable for weeks
- Oral fluid is considered “observed” testing

However, if the employer is looking to detect a pattern of intermittent use, then using urine testing for pre-employment, random, return to duty and follow-up testing may be preferred

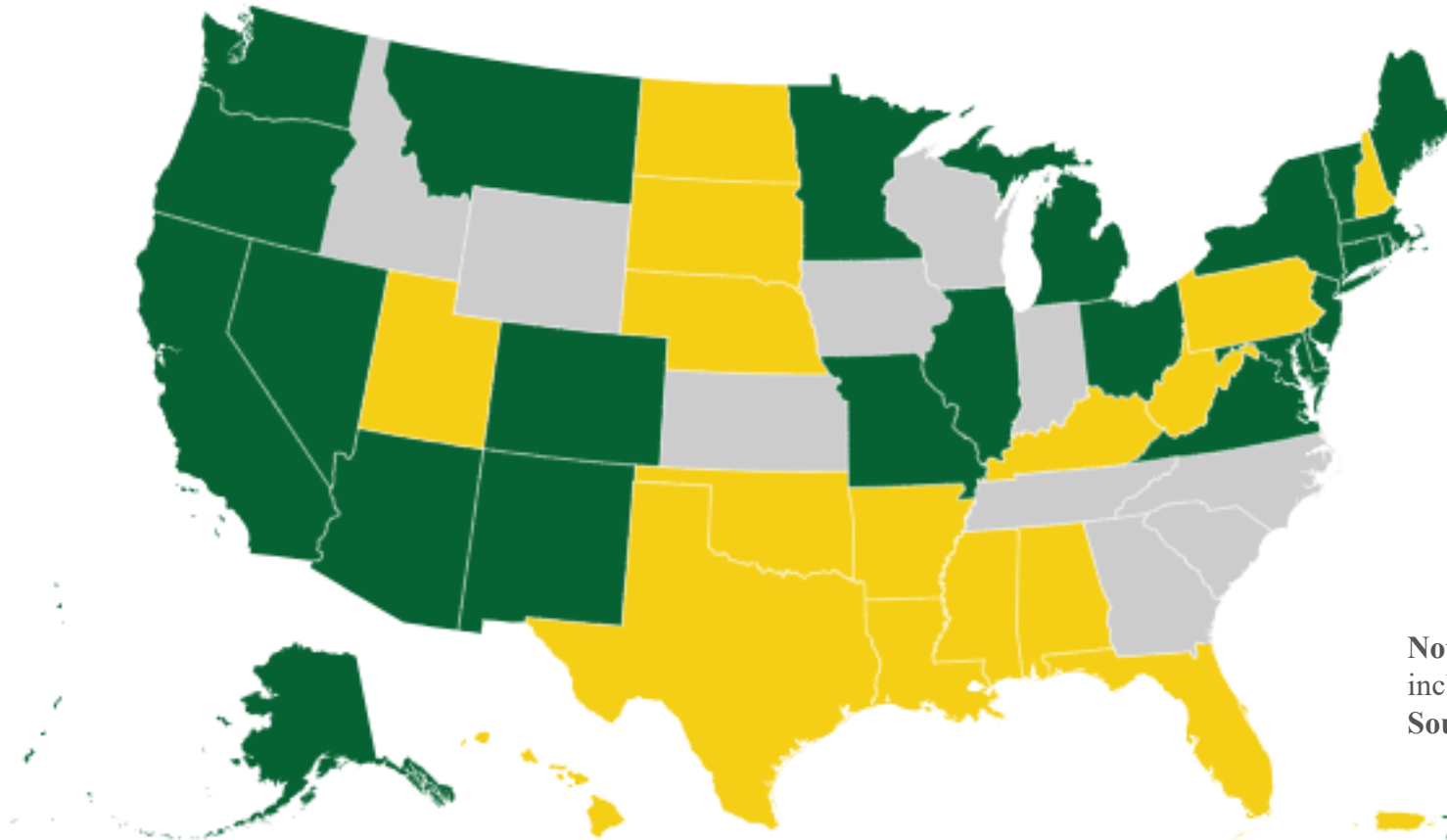
Moving Marijuana to a Schedule III???

Here is What We Know:

- On December 18, 2025, the President of the United States issued an executive order directing the Department of Justice to complete the rescheduling process of marijuana from a Schedule I to a Schedule III drug
- Current DOT drug testing only authorizes testing for Schedule I and Schedule II substances. If marijuana moves to Schedule III, the DOT may lose its authority to test for it unless specific “carve-out” legislation is passed to keep it on the mandatory testing panel
- What are Schedule III substances? Those substances classified as having lower abuse potential and accepted medical use. Moving marijuana to schedule III signals federal recognition of its potential medical applications and research value- *not legalization*
- **No Immediate Change-DOT drug testing polices remain unchanged**
- Despite potential rescheduling, the DOT has indicated that it will continue to enforce the ban on marijuana for safety-sensitive roles

Marijuana Legality by State

Medical Recreational and medical No legalization



Notes: Data current as of Dec. 18, 2025. Does not include CBD/Low THC programs.

Source: [National Conference of State Legislatures](#)

Alcohol Test Results: Employer Action (DOT)

If the confirmation result is 0.04 or greater or refusal to test:

- Immediately remove the employee from safety sensitive duties
- Enter results into Clearinghouse (for FMCSA)
- Refer employee to a qualified SAP

If the confirmation result is 0.02-0.039:

- Immediately remove the employee from safety sensitive duties for at least 8 hours or until next scheduled shift
- No SAP referral, no Clearinghouse report
- May apply disciplinary policy under own authority

Why Offer a Path Back to Work (2nd Chance)

Retains trained and experienced employees

Reduces recruitment and onboarding costs

Reduces turnover and hiring costs

Demonstrates commitment to employee well-being

Supports safety culture

Professional support throughout and beyond

How to find a SAP

SAP

www.SAPlist.com

Directories-

FMCSA Clearinghouse

Third-party administrators (TPAs)

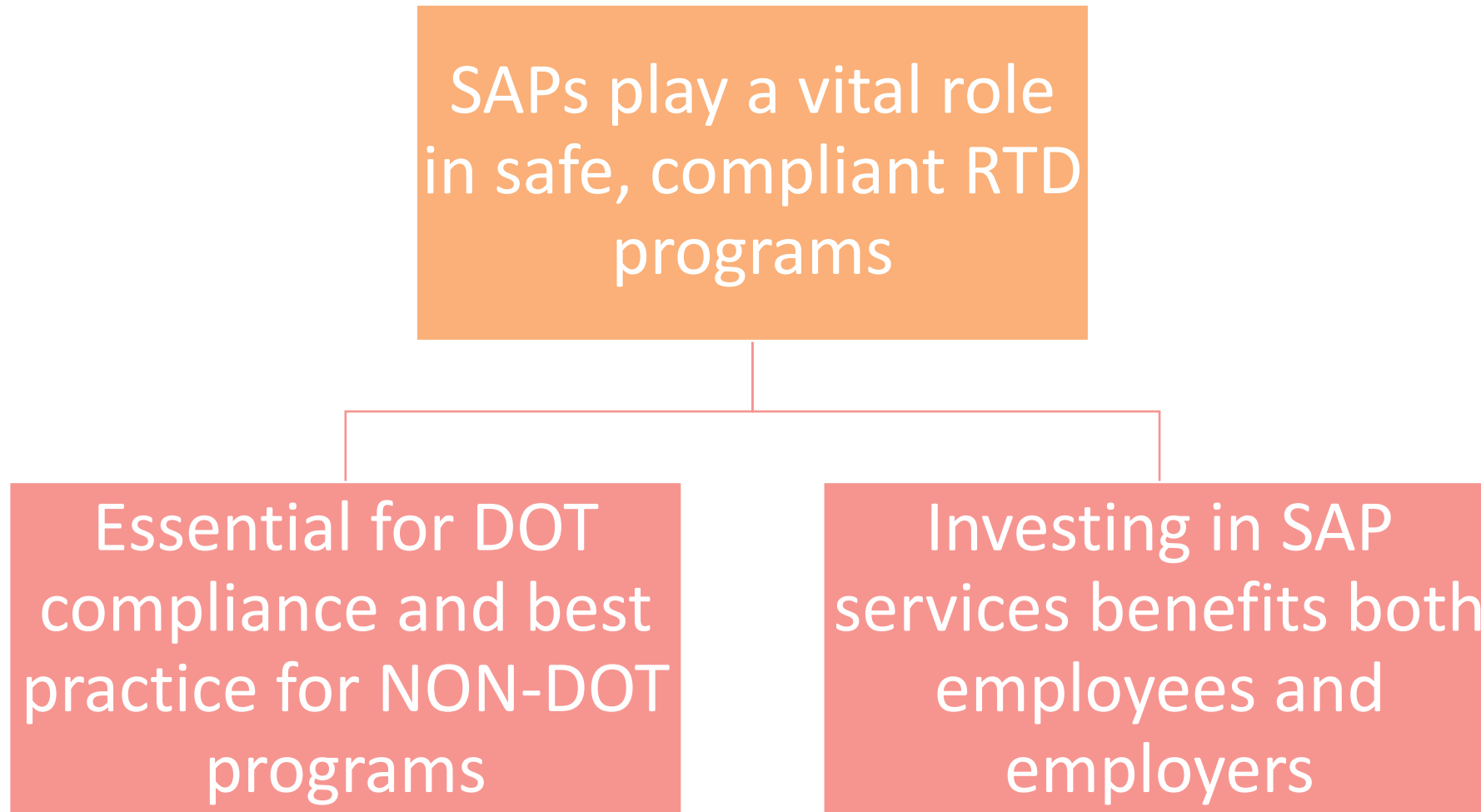
EAPA


DISA

ASAP

www.FindaSAP.com

Conclusion: SAPs as a Strategic Resource





The Starfish Story

Walking the beach one morning, a man could see in the distance, someone moving quickly along the waterline, as if in a dance. As he came closer, he realized it was a young woman picking up starfish and gently throwing them in the water. "Young lady," he asked. "What are you doing?"

"Throwing starfish back into the ocean," she replied. "The surf is up and the tide is going out. If I don't throw them back, they will die."

The man laughed to himself. "Don't you realize there are miles and miles of beach and hundreds of starfish? You can't get them all. You can't possibly make a difference."

Call to Action

- Summarize: Recovery-friendly workplaces = win-win
- Next steps: Review policies, partner with OH professional, pilot programs
- Encourage action: Begin small and grow

Free Toolkit Request

Please email Shanna or scan the QR
code to request your FREE recovery
Friendly toolkit!
shanna@workplacehealthinc.com



Questions?

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Total Worker Health[®] Strategist

Workplace Health Inc.

Email: Shanna@WorkplaceHealthInc.com

Cell: (216) 329-9920 call or TEXT!

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Return To Duty LLC

www.ReturnToDutySAP.com

Email: mindy@ReturnToDutySAP.com

Phone: (717) 359-6009

Closing

- A recovery-friendly workplace saves lives, saves money, strengthens workforce
- Resources and handouts: Toolkits and community initiatives

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