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CHECKLIST FOR WORKPLACE OPIOID PREVENTION AND RESPONSE PROGRAMS

| | |
|--|--|
| Employer/ Agency Name | |
| Employer/ Agency Location(s) | |
| Industry Type (e.g., retail, manufacturing, office) | |
| Name and Job Title (for person(s) completing this checklist) | |
| Date of Completion | |

Introduction

This checklist helps employers, unions, and workers assess factors that contribute to misuse of opioids in the workplace. The checklist may be completed collaborative by employer and worker representatives or individually by each party. The tool may be modified to make it site- and industry-specific.

Key factors for a prevention and response program include:

- 1) Prevention of occupational injury and stress that could lead to use of prescription or illicit opioid pain medications;
- 2) Guidance for injured workers on how to interact with healthcare providers to access alternative pain treatment and avoid opioid misuse; and
- 3) Treatment and recovery resources related to workplace drug prevention policies.

Checklist Instructions

- 1) Review each item/question and answer using Yes, In progress, or No. If a question is not applicable, use N/A.
- 2) Use the “Note” box to provide additional details.

After completing the checklist, be sure to:

- 1) Review each item.
- 2) Develop an action plan that lists each item. The action plan should include who is responsible for completing each item, what needs to be done, by when (date), and resources needed.
- 3) Develop a communication plan to inform employees of actions taken by the organization to protect workers from opioid misuse.

I. Opioids in the Workplace Prevention Plan / Process

Ensure key workplace stakeholders participate in identifying and addressing improvements that reduce the need for opioid pain treatment. Provide support to workers who need access to treatment and recovery resources.

| | Yes | In Progress | No | N/A |
|---|-----|-------------|----|-----|
| 1. Has the employer developed a safety and health committee or other forum that includes key stakeholders and frontline workers, to participate in the development of the opioids in the workplace prevention plan? | | | | |
| 2. Has the employer developed a written opioid in the workplace action improvement plan? | | | | |
| 3. Are employees encouraged to speak up, without fear of retaliation, about safety and health concerns or if they observe violations of employer policies and procedures? | | | | |
| 4. Is there an established process for employees to file complaints and/or offer suggestions? | | | | |
| 5. Has the employer provided communications and/or training on the following? | | | | |
| a. Safety and health protocols and control measures? | | | | |
| b. The workplace drug prevention program? | | | | |
| c. Information on opioid misuse avoidance? | | | | |
| 6. Other? _____ | | | | |

II. Primary Prevention: Avoiding Opioid Pain Treatment Associated with Workplace Injury, Illness, and Stress

High risk jobs are associated with greater opioid use. Primary prevention reduces job hazards and related injuries, thereby avoiding the need for pain treatments.

| | | | | Yes | In Progress | No | N/A |
|---|------------|----------|--------------------|-------|-------------|----|-----|
| 1. Has the employer conducted an evaluation such as a job hazard analysis ¹ , ergonomic evaluation, or root cause analysis to determine ² : | | | | | | | |
| a. Departments and job classifications injury and exposure experience including the frequency and severity of incidents? | | | | | | | |
| b. Job tasks associated with slips, trips, and falls? | | | | | | | |
| c. Job tasks associated with sprains and strains and musculoskeletal disorders due to repetitive motions, pushing, pulling, bending, twisting, or lifting heavy or awkward loads? | | | | | | | |
| d. Departments and job tasks at risk for workplace violence? | | | | | | | |
| e. Departments and job tasks with other pain-related work hazards? | | | | | | | |
| f. Effectiveness of prevention and control measures for jobs or tasks with high rates of injuries and illnesses? | | | | | | | |
| 2. Use the matrix below to address the opioid misuse related job hazard or ergonomic risk factors listed above. | | | | | | | |
| Department | Occupation | Job Task | Hazard Description | Notes | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

- 3) The review of documents includes evaluating injury and exposure trends by analyzing OSHA logs, incident reports, workers' compensation records, hazard analyses, and employee interviews, surveys, or focus group reports. List documents reviewed and key findings.

4. Based on the information gathered in steps 1 – 3 above, summarize priorities for developing improved hazard control:

5. In the matrix below, review potential occupational stress factors affecting mental health. In the first column, write Yes or No to answer if these risk factors are present in your worksite. In the middle column, describe work environment conditions. In the far-right column, prioritize your answers with 1 (high), 2 (medium), and 3 (low priority). Definitions of the risk factors are listed below:

Definitions

- **Work-life balance:** A state of well-being that a person can reach or set as a goal to allow them to effectively manage multiple responsibilities at work, at home, and in their community. It allows for physical, emotional, family, and community health.
- **Harassment:** Including verbal or sexual harassment, bullying, and violence (physical, sexual, and domestic violence). Harassment is engaging in a course of negative verbal, non-verbal, or physical conduct that is unwelcome.
- **Bullying:** Repeated, unreasonable, or inappropriate behavior that creates a risk to health and safety.
- **Violence:** An exercise of physical force, an attempt to exercise physical force, or language that could be interpreted as a threat of physical force.
- **Stress:** Negative physical or mental tensions experienced by a person. A stressor is any event or situation that an individual perceives as a threat, resulting in a stress response.
- **Presenteeism:** Coming in to work despite having a justifiable reason to be absent, such as caring for a sick child or being physically ill or mentally distracted. At work but performing duties inefficiently or ineffectively.
- **Job burnout:** A state of physical, emotional, and mental exhaustion caused by long-term exposure to demanding work situations. Burnout is the cumulative result of stress. There are three main characteristics: exhaustion, cynicism, and negative performance.

| | Yes or No | Describe Work Environment Conditions | Priority |
|---|-----------|--------------------------------------|----------|
| Work-Life Balance, Fatigue, Long Hours | | | ① ② ③ |
| Workplace Violence/ Harassment/Bullying | | | ① ② ③ |
| Job Burnout | | | ① ② ③ |
| Presenteeism | | | ① ② ③ |
| Other Occupational Stress Factors | | | ① ② ③ |

III. Secondary Prevention: Providing Information and Support to Injured Workers

The time of injury is a key moment to provide injured workers with support and information to avoid opioid misuse.

| | Yes | In Progress | No | N/A |
|--|-----|-------------|----|-----|
| 1. Does the employer provide injured workers with information about avoiding misuse of opioids at the time of injury? | | | | |
| 2. Does the employer provide information to injured workers on speaking to their medical providers about alternative pain treatment? | | | | |
| 3. Does the employer provide a list to injured workers so that they can identify the names of drugs that are opioids? | | | | |
| 4. Does the employer provide information, assistance, and/or support with workers' compensation claims? | | | | |
| 5. Does the employer have an alternative duty program that returns injured workers to work within their physical limitations when they are released to do so by their medical providers? | | | | |

IV. Measures to Protect Employee Mental Health and Physical Well-Being

Mental health is critical to maintaining a safe and healthy workforce.

| | Yes | In Progress | No | N/A |
|---|-----|-------------|----|-----|
| 1. Has the employer developed a program to address the psychological well-being of employees? | | | | |
| 2. Does the employer provide access to an employee assistance program? | | | | |
| 3. Does the employer provide comprehensive mental health benefits? | | | | |
| 4. Does the employer have a process where employees can confidentially report when they are experiencing job and life stress without fear of retaliation? | | | | |
| 5. Are there work factors that contribute to employee stress and/or fatigue that should be addressed? | | | | |
| 6. Does the organization help employees maintain their mental and physical health? | | | | |
| 7. Other? _____ | | | | |

V. Tertiary Prevention: Measures to Address Stigma and Improve Access to Treatment and Recovery Resources

Organizations that include systems for assisting workers who have mental health and/or substance use problems improve worker health and wellbeing. Stigma and punitive policies are barriers to workers coming forward for help.

| | Yes | In Progress | No | N/A |
|--|-----|-------------|----|-----|
| 1. Does the employer have a written workplace substance use policy? ^{3,4} If no, discuss how to assemble a team to develop a supportive policy and program. If yes, does the written workplace substance use policy: | | | | |
| a. Does the employer recognize substance use as a disease of the brain? | | | | |
| b. Does the employer eliminate excessively punitive provisions such as “zero tolerance” or “last chance agreements”? | | | | |
| c. Does the employer encourage employees to talk about mental health and substance use without fear of discrimination or job loss? | | | | |
| d. Does the employer address systems for accommodating workers who are in recovery such as attending peer meetings, modified work schedules, and for healthcare workers limiting access to narcotics? | | | | |
| e. Does the employer develop or expand alternatives to discipline programs? Note: These allow the affected worker to recover from addiction and return to work without losing their jobs. Workers enter into treatment, and an individualized sobriety and recovery program is established. Return-to-work agreements include drug testing, participation in recovery programs, and may include temporary reassignment to non-safety sensitive jobs. In healthcare and law enforcement, no access to narcotics. | | | | |
| 2. Does the organization’s healthcare insurance provide comprehensive mental health and substance use care? | | | | |
| 3. Does the organization’s healthcare coverage include access to medically assisted treatment? | | | | |
| 4. Is the employee assistance program: | | | | |
| a. Trusted by employees who have mental health and/or substance use issues? | | | | |
| b. Utilized by employees who have mental health and/or substance use issues? | | | | |
| 5. Has the organization developed a member or peer assistance program? | | | | |

VI. Training and Information⁵

| | Yes | In Progress | No | N/A |
|--|-----|-------------|----|-----|
| 1. Has the employer provided training on opioids and the workplace, prevention, and response to all employees? | | | | |
| 2. Has the employer trained supervisors and managers to recognize and respond to employees who may be struggling with mental health or substance use problems? | | | | |
| 3. Has the organization provided training to leadership? | | | | |
| 4. Has the organization developed information, posters, or other materials to promote and implement its opioids and the workplace policies and programs? | | | | |

VII. Summary Action Plan

Develop a beginning action plan based on the findings reported in Sections I – VI above.

| | | | |
|-------------------------|---------------|---------------------|------------------|
| Name: | | Organization: | |
| Email: | | Phone #: | |
| What is the action? | By what date? | Who is responsible? | Additional notes |
| 1. Participants, Forum: | | | |
| 2. | | | |

| What is the action? | By what date? | Who is responsible? | Additional notes |
|---------------------|---------------|---------------------|------------------|
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |

Resources

- 1 OSHA Job Hazard Analysis, 3071, (Revised 2002) <https://www.osha.gov/Publications/osha3071.pdf>
- 2 The Importance of Root Cause Analysis During Incident Investigation, OSHA EPA Factsheet, <https://www.osha.gov/Publications/OSHA3895.pdf>
- 3 SAMHSA Drug Free Workplace Toolkit <https://www.samhsa.gov/workplace/toolkit>
- 4 National Safety Council Opioids At Work Employer Toolkit <https://safety.nsc.org/rxemployerkit>
- 5 NIEHS Worker Training Program Opioids and the Workplace Training Materials <https://tools.niehs.nih.gov/wetp/index.cfm?id=2587>