



22nd EUMASS Congress 2018

Building Bridges Between Science and Practice

Maastricht, Oct 4-6 2018

INAIL

REASONABLE ACCOMODATION IN THE WORKPLACE

New policy and the role of INAIL



C. Dal Pozzo

A. Colafigli



**EUROPEAN ACCREDITATION COUNCIL
FOR CONTINUING MEDICAL EDUCATION**

Institution of the UEMS

AVENUE DE LA COURONNE, 20
BE- 1050 BRUSSELS
www.uems.net

T +32 2 649 51 64
F +32 2 640 37 30
info@uems.net

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

Cristina Dal Pozzo

NAME :

In accordance with criterion 25 of document UEMS 2011/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE.

DISCLOSURE

- I have no potential conflict of interest to report
 I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: *Cristina Dal Pozzo*

Date: 01/10/2018

The European Accreditation Council for Continuing Medical Education (EACCME®) was set up by the UEMS^{saib} for the purpose of ensuring the international mutual recognition of quality assessments of CME-CPD activities organised all over the world for the benefit of European doctors.

SUMMARY

OBJECTIVES

BACKGROUND

- International and national legislation

METHODS

- New policy
- Case report

RESULTS

- National and regional data
- Data analysis

CONCLUSIONS

- Critical issues and perspectives

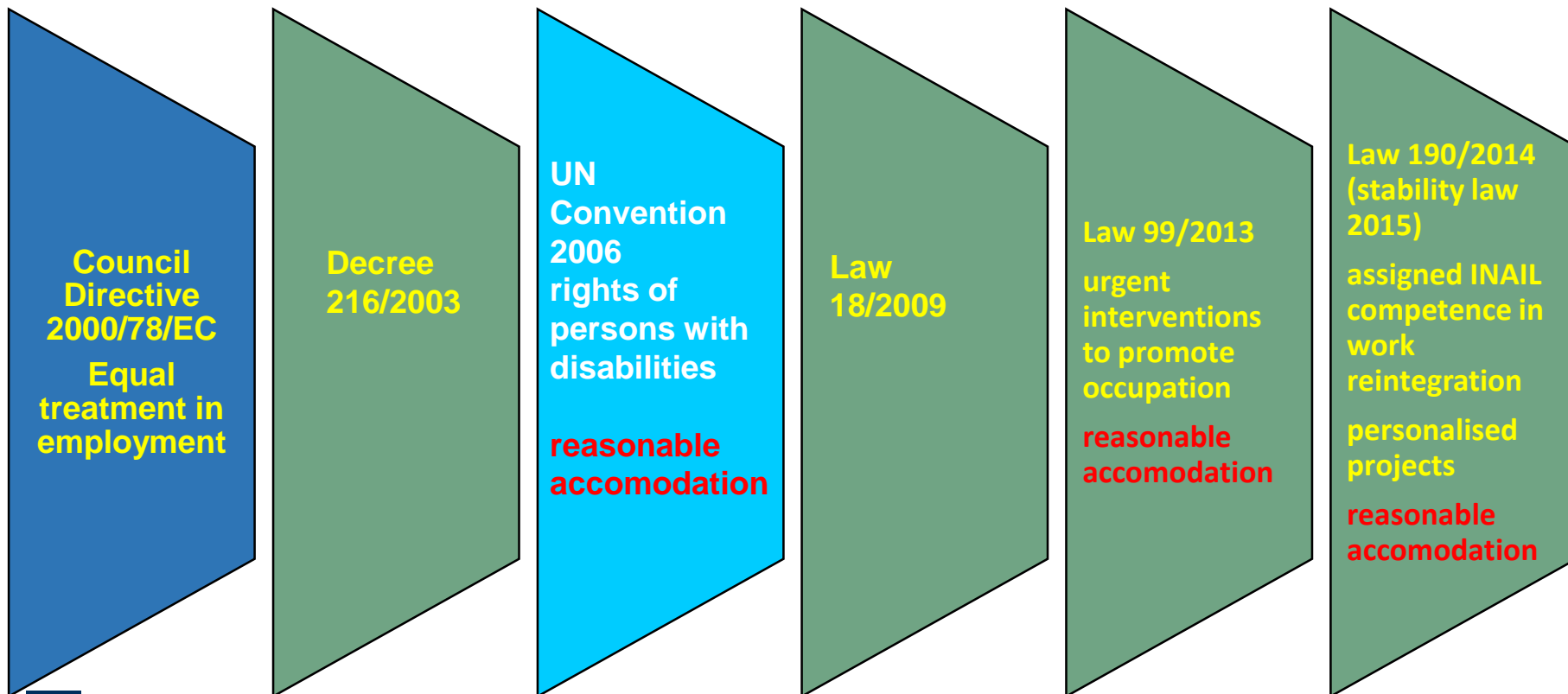
OBJECTIVES

- 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



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

METHODS

New Policy

WHEN

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.)
-  technical consultancy services
CONTARP / CTE when needed

Step 2-5

- mainly administrative responsibilities

METHODS

Case report

Self employed
industrial flooring



injuries



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

impairments



- left wrist function reduced for 1/2
- lumbar pain
- left ankle function reduced for 1/3
- subtalar joint blocked



32% invalidity rate Dlgs 38/00



METHODS

Case report

INAIL
 ISTITUTO NAZIONALE PER L'ASSICURAZIONE
 CONTRO GLI INfortUNI SUL LAVORO
 Sede di PADOVA
 VIA NANCY, 2
 35131 PADOVA PD
 telefono: 0498226511
 e-mail: PADOVA@INAIL.IT
 pec: PADOVA@POSTACERT.INAIL.IT

Allegato 1

d4103	Sedersi e alzarsi da posizione seduta: assumere e abbandonare la posizione seduta e cambiare posizione corporea da seduti a una qualsiasi altra posizione. <i>Inclusioni:</i> assumere una posizione seduta con le gambe piegate o incrociate, assumere una posizione seduta con i piedi appoggiati o non appoggiati.	C	0	1	2	3	4	8	9
Fonti di informazione: <input type="checkbox"/> Anamnesi <input type="checkbox"/> esame clinico <input type="checkbox"/> indagine specialistica <input type="checkbox"/> indagine tecnica									
d4105	Piegarsi: piegare la schiena verso il basso o lateralmente a livello del tronco	C	0	1	2	3	4	8	9
Fonti di informazione: <input type="checkbox"/> Anamnesi <input type="checkbox"/> esame clinico <input type="checkbox"/> indagine specialistica <input type="checkbox"/> indagine tecnica									
d415	Mantenere una posizione corporea: rimanere nella stessa posizione corporea come richiesto, come rimanere seduti o in piedi per lavoro. <i>Inclusioni:</i> mantenere una posizione sdraiata, accovacciata, inginocchiata, seduta ed eretta.	C	0	1	2	3	4	8	9
Fonti di informazione: <input type="checkbox"/> Anamnesi <input type="checkbox"/> esame clinico <input type="checkbox"/> indagine specialistica <input type="checkbox"/> indagine tecnica									
d430	Solleverare ed abbassare oggetti (carichi): sollevare, portare in mano o sulle braccia o sulle spalle o sulla schiena. <i>Inclusioni:</i> sollevare, portare in mano o sulle braccia, o sulle spalle, sul fianco, sulla schiena o sulla testa, metter giù.	C	0	1	2	3	4	8	9
Fonti di informazione: <input type="checkbox"/> Anamnesi <input type="checkbox"/> esame clinico <input type="checkbox"/> indagine specialistica <input type="checkbox"/> indagine tecnica									
d435	Spostare oggetti con gli arti inferiori: svolgere delle azioni coordinate volte a muovere un oggetto usando le gambe e i piedi (spingere i pedali). <i>Inclusioni:</i> spingere con gli arti inferiori; calciare.	C	0	1	2	3	4	8	9
Fonti di informazione: <input type="checkbox"/> Anamnesi <input type="checkbox"/> esame clinico <input type="checkbox"/> indagine specialistica <input type="checkbox"/> indagine tecnica									
d440	Uso fine della mano: compiere azioni che richiedono precisione manuale di piccoli oggetti (raccolgere, afferrare, manipolare e lasciare). <i>Inclusioni:</i> raccogliere, afferrare, manipolare e lasciare.	C	0	1	2	3	4	8	9
Fonti di informazione: <input type="checkbox"/> Anamnesi <input type="checkbox"/> esame clinico <input type="checkbox"/> indagine specialistica <input type="checkbox"/> indagine tecnica									
d445	Uso della mano e del braccio: tirare o spingere oggetti, muovere o manipolare oggetti usando mani e braccia. <i>Inclusioni:</i> tirare o spingere oggetti; raggiungere allungando il braccio; girare o esercitare torsione delle mani o delle braccia; lanciare, afferrare.	C	0	1	2	3	4	8	9
Fonti di informazione: <input type="checkbox"/> Anamnesi <input type="checkbox"/> esame clinico <input type="checkbox"/> indagine specialistica <input type="checkbox"/> indagine tecnica									
d450	Camminare: muoversi lungo una superficie a piedi, passo dopo passo, come nel passeggiare, gironzolare, camminare avanti, a ritroso o lateralmente. <i>Inclusioni:</i> camminare per brevi e lunghe distanze; camminare su superfici diverse; camminare attorno a degli ostacoli.	C	0	1	2	3	4	8	9
Fonti di informazione: <input type="checkbox"/> Anamnesi <input type="checkbox"/> esame clinico <input type="checkbox"/> indagine specialistica <input type="checkbox"/> indagine tecnica									



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

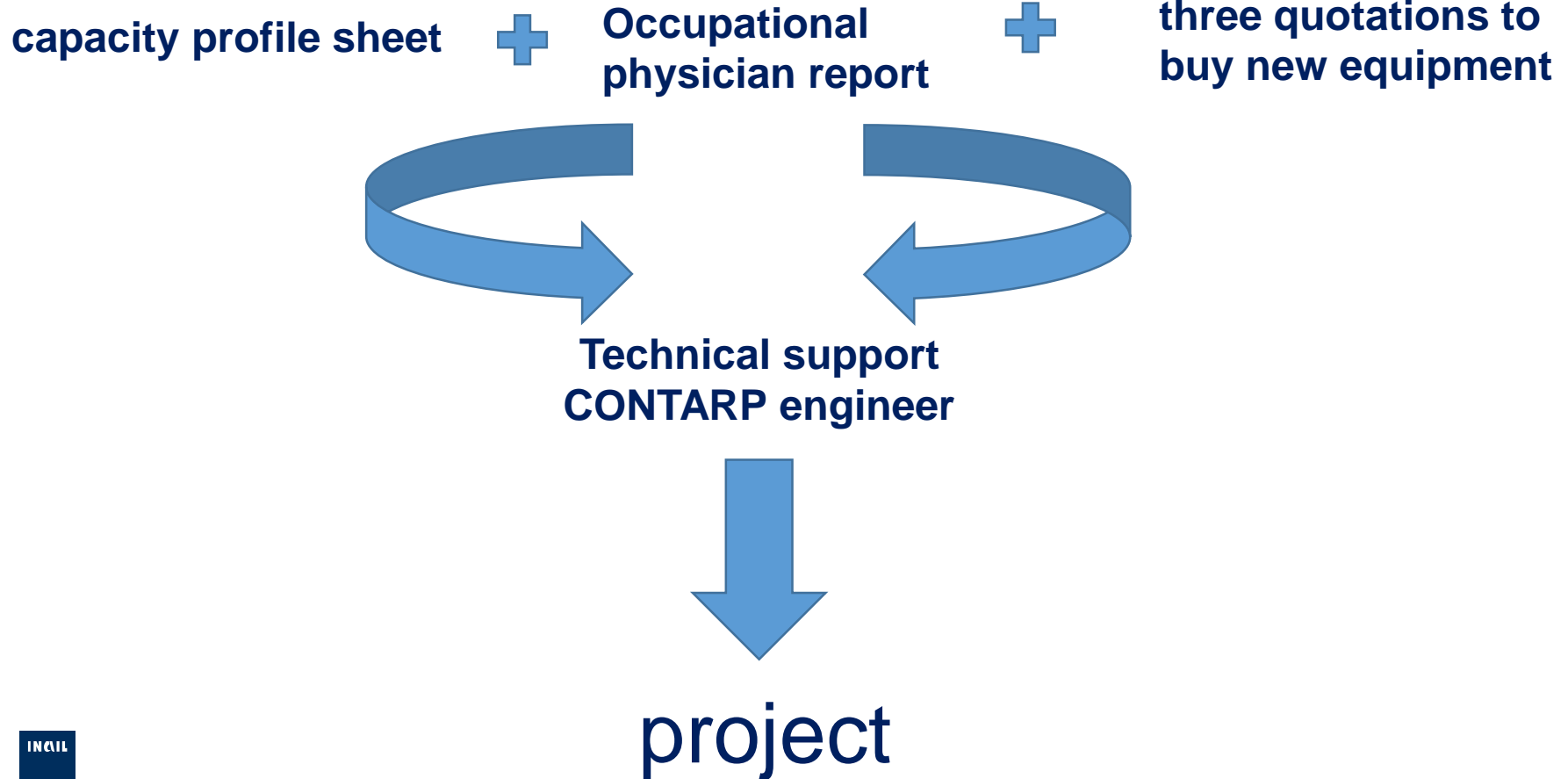
Occupational physician report

- **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





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

