The University of Michigan Health System – For Cause Drug Testing Checklist

When an employee exhibits behavior(s) such that there is reasonable suspicion of substance abuse or misuse, this checklist is to be completed. Reasonable suspicion is a justifiable suspicion which is sufficient to a reasonable person to suggest an employee has used alcohol or drugs on duty, is impaired, is under the influence of drugs or alcohol, has the odor of alcohol (regardless of behavior) or is in the possession of or has improperly diverted substances intended for use by patients.

Name: ___________________________ UMID: ___________________________

Date and Time of Incident: ___________________________ Location: ___________________________

Direct Supervisor (for notification of results): ___________________________ Contact Information: ___________________________

Briefly describe incident (attach additional sheets as needed):
______________________________________________________________________________________________________________________________________________________________

Check all observations that apply. A pattern of one of the following behaviors AND/OR an appearance of one of the following, which if not otherwise explained, justifies a reasonable concern about impairment/intoxication.

☐ Observation of or potential for cross-contamination, including but not limited to IV/vial tampering, syringes, needles or IV paraphernalia.

☐ Individual is involved in an unsafe act resulting in harm or injury to self, a patient, a visitor, or a coworker, or whose unsafe act results in damage to UMHS property which alone or in combination with other observations listed below might lead a reasonable observer to suspect impairment/intoxication of some kind.

☐ Conduct, speech, content of speech, or slurring of words

☐ Otherwise unexplained difficulty with movements, balance, or coordination, such as:
  ☐ Loss of balance
  ☐ Stumbling and/or staggering
  ☐ Leaning on objects for support
  ☐ Loss of manual dexterity

☐ Unexplained lapses in judgment, concentration, difficulty taking in/tracking information and ability to attend to work tasks

☐ Physical appearance justifying a reasonable concern about impairment/intoxication:
  ☐ Eyes red or glassy
  ☐ Pupillary changes (small-pinpoint or dilated)
  ☐ Deterioration in personal hygiene
  ☐ Tremors
  ☐ Excessive sweating
  ☐ Drowsiness/sleepiness

☐ Direct evidence/observation of an individual's use or possession of a prohibited or restricted substance while on duty or on UMHS business:
  ☐ Odor of alcohol or Odor of marijuana
  ☐ Needle marks
  ☐ Individual observed or discovered to be in possession of intoxicants or related paraphernalia.
  ☐ Individual witnessed to be using alcohol or other intoxicants while on duty.

☐ Unreconciled drug discrepancy determined by unit audit, unit report, pharmacy investigation, Security Services and/or University Police investigation.
  ☐ Overrides
  ☐ Inappropriate wasting
  ☐ Untimely withdrawal and administration of narcotics
  ☐ Untimely documentation
  ☐ Batching

☐ Individual appears compromised and presents a hazard to patients, a visitor, a coworker, and/or self, or exhibits any pattern of behavior which justifies a reasonable concern about impairment/intoxication.

☐ Other observation (please explain):
______________________________________________________________________________________________________________________________________________________________
Check below as next steps are completed:

- Call for a second observer (preferably supervisor-level or above) to the incident.
- Explain to the individual the purpose of the For Cause Drug Test, the reasons for the test, and that testing for controlled substances/alcohol is a required part of the For Cause Drug Test.
- For bargained-for employees except UMPNC/MNA members, the Manager will attempt to notify the union via page or phone message and provide an opportunity for the employee to speak with their representative before the test is performed. This can be done by phone or in person at the test site, and must occur within 30 minutes of attempt to notify.
- Relieve employee from duty and remove from worksite.
- Explain to the employee that s/he will be on unpaid suspension, in accordance with UMHS policy or collective bargaining agreements as applicable, until the test results are received by the Medical Review Officer (MRO) and a decision is made as to whether the employee can return to work.
  - If the situation appears to be a medical emergency, please refer to UMHS Policy 05-03-060 Non-Cardiac Medical Emergencies for medical assistance.
  - During regular business hours:
    - If situation is thought to be reasonable suspicion of impairment, contact appropriate mgr/supervisor (chain of command) to advise that For Cause Drug Test is being initiated.
    - Consult (call) Business Unit’s Human Resource Manager and the Employee Assistance Program (734-763-5409; pager 0721) regarding the For Cause Drug Test being initiated.
    - Call Security Services for their assistance, at the manager’s discretion as needed.
    - Contact Collection Site at Occupational Health Service (please page 5356) to notify them you are coming.
    - Bring the For Cause Checklist and with Security’s assistance, escort the individual to OHS.
  - During non-business hours:
    - Contact appropriate mgr/supervisor (chain of command) to advise that For Cause Drug Test is being initiated.
    - Consult (email or call next business day) Business Unit’s Human Resource Manager and the Employee Assistance Program (734-763-5409; pager 0721) regarding the For Cause Drug Test being initiated.
    - Call Security Services for their assistance, at the manager’s discretion as needed.
    - Contact Collection Site at Emergency Department (please page 5356) to notify them you are coming.
    - Bring the For Cause Checklist and with Security’s assistance, escort the individual to the Adult Emergency Department.
- Confirm safe transportation plan, if necessary.

Completed by: ____________________________________________ Date: __________

Second Observer: ________________________________________

It has been explained to me the purpose of the For Cause Drug Test, the reasons for the test and that testing for controlled substances/alcohol is a required part of the For Cause Drug Test. I have been informed that I will be on unpaid suspension, in accordance with UMHS policy or collective bargaining agreements as applicable, until the test results are received by the Medical Review Officer (MRO) and a decision is made regarding return to work.

☐ I agree to take the For Cause Drug Test.  ☐ I agree to take a blood test for Bloodborne Pathogens.

☐ I refuse to take the For Cause Drug Test.  ☐ I refuse to take a blood test for Bloodborne Pathogens.

Employee Signature _________________________________ Date _________________________________________

For OHS/ED use only:  QED Result __________________ Date __________________

QED Tester __________________ QED Witness __________________

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