The University of Michigan Health System – UMPNC For-Cause Drug Testing Assessment

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.

Factors that create a reasonable suspicion of impairment and cause for testing include the direct observation of alcohol or unauthorized drug use by a Registered Nurse immediately prior to reporting for work or while on duty, or the observation of a combination of factors immediately prior to reporting for work or while on duty. Examples of factors that create a reasonable suspicion are as follows.

- Registered Nurse is involved in an unexplained accident or injury resulting in harm to self, a patient, a visitor, a coworker, or damage to UMHS property which in combination with other observations listed leads a reasonable observer to suspect impairment/intoxication of some kind.
- Registered Nurse’s conduct, speech, content of speech, or slurring of words which, if not otherwise explained, justifies a reasonable concern about impairment/intoxication of some kind
- Registered Nurse has otherwise unexplained difficulty with movements, balance, or coordination which alone or in combination with other observations, leads a reasonable observer to suspect impairment/intoxication:
  - Loss of balance
  - Stumbling
  - Staggering
  - Leaning on objects for support
  - Loss of manual dexterity
- Registered Nurse appears to have uncharacteristic behaviors, unexplained lapses in judgment, concentration, unexplained absences during work time, difficulty taking in and tracking information and ability to attend to current work tasks, if not otherwise explained, justifies a reasonable concern about impairment/intoxication
- Registered Nurse’s physical appearance which, if not otherwise explained, justifies 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 Registered Nurse’s use or possession of a prohibited or restricted substance while on duty or on UMHS business:
  - Odor of alcohol
  - Odor of marijuana
  - Unexplained needle marks
  - Registered Nurse observed or discovered to be in possession of intoxicants, narcotics, medications, or related paraphernalia outside clinical scope of practice
  - Registered Nurse witnessed to be using alcohol or other intoxicants while on duty.
  - Individual witnessed to be using alcohol or other intoxicants while on duty.
- Unreconciled drug discrepancy determined by unit audit, unit report, pharmacy investigation, Hospital Security and/or University Police investigation in combination with other observations listed which leads a reasonable observer to suspect impairment/intoxication of some kind.
  - Unexplained Overrides
  - Inappropriate wasting practices
  - Untimely withdrawal and administration of narcotics
  - Untimely documentation
  - Batching

4/16/2015
I agree

I refuse to take

Completed by: _________________________ Date: ________________

Witness: ______________________________

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 as to whether the Registered Nurse can 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 _________________________

4/16/2015