

MEMORANDUM OF UNDERSTANDING

This document contains the parties' agreement implementing Paragraph 346A of the collective bargaining agreement.

1. STATEMENT OF INTERESTS

This agreement reflects the joint interests of the University of Michigan and MNA/UMPNC to protect patients, visitors and staff from harm, and is primarily intended to promote rehabilitation rather than corrective action of Registered Nurses who suffer from potentially impairing conditions. (See Intent Note) The University and the Association agree that timely and effective identification, assistance, and/or treatment of Registered Nurses with substance use disorders can contribute to the Registered Nurse's ability to meet employment obligations, maintain standards for nursing practice, and provide for the safety of the public. Early identification and assistance may result in successful rehabilitation before employment is in jeopardy. The parties agree to encourage assistance, reinforce confidentiality, and be proactive in preventing substance use disorders in the workplace, while assisting the nurse in regaining and retaining optimal professional functioning consistent with the protection of patients, visitors, and staff.

2. DEFINITIONS

- a. **Chemical Dependency** - A group of cognitive, behavioral, and psychological symptoms which indicate a Registered Nurse has a substantial lack of or no control over the use of one or more psychoactive substances. (MCL 333.16106a.)
- b. **Impairment** - The diminished capacity of a Registered Nurse to perform duties while acting in the scope of employment or while on-call. Diminished capacity may result from physical illness, mental illness, cognitive impairment, alcohol abuse, drug abuse, or other conditions causing a diminished capacity to carry out his or her job duties. A person who is "impaired" under this MOU may not meet the legal definition of "legally impaired."
- c. **Legally Impaired** - The inability or immediate impending inability of a Registered Nurse to practice his/her profession in a manner that conforms to minimum standards of acceptable and prevailing practice of the profession, due to the Registered Nurse's substance abuse, chemical dependency, or the Registered Nurse's use of drugs or alcohol that does not constitute substance abuse or chemical dependency. (MCL 333.16106a.)
- d. **Substance Abuse** - The taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological, and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs, or which habitually under the influence of alcohol or drugs, endangers public health, morals, safety, welfare, or a combination thereof. (MCL 330.1100d.)

3. EMPLOYEE ASSISTANCE PROGRAM (EAP)

The UMHS and MNA/UMPNC have supported the early adoption of an Employee Assistance Program to assist faculty and staff in the myriad of challenges embedded in delivering healthcare.

The Employee Assistance Program is staffed with capable clinicians who are knowledgeable about the challenges of healthcare and mental health conditions including substance use disorders which could interfere with providing safe care.

It is estimated that between 8-14% of healthcare professionals have a substance use disorder. In 2001, Robert Wood Johnson declared substance use disorders as the number one health problem in the United States. Substance use disorders, like other chronic illness (ex: hypertension, asthma, and diabetes), respond equally well to treatment.

The Employee Assistance Program staff is available to provide a safe, confidential space for employees to come and discuss the possibility that they might be wrestling with a substance use disorder. It is not easy to talk about substance use disorders because they often evoke feelings of shame, blame, or fear for one's future. All faculty and staff who seek services from the Employee Assistance Program will be treated with compassion and be provided with appropriate resources for evaluation, diagnosis, and treatment; maintenance of confidentiality; and monitoring upon completion of rehabilitation.

Over the years, the Employee Assistance Program has advocated for early intervention, prevention, training, and education on substance use disorders, so lives are not lost, careers are not jeopardized, and safety is not compromised.

4. REPORTING

- a. **Self-reporting.** Any Registered Nurse who believes he/she may be impaired is encouraged to self-report to the Employee Assistance Program.

A Registered Nurse who is subject to a rehabilitation contract through the Michigan Health Professionals Recovery Program (HPRP), or whose professional practice is currently limited in any manner pursuant to the terms of a final order of an applicable licensing board, shall report that circumstance to the University.

- b. **Reporting by Another Source.** Anyone who has a good faith, reasonable suspicion that a Registered Nurse may be impaired while on duty, has used alcohol or unauthorized drugs while on duty, is in the possession of alcohol or drugs while on duty, or has diverted drugs, shall report their suspicion to the appropriate manager/supervisor. The report, preferably in writing, must state specific, objective facts and reasonable inferences drawn from such facts in the light of experience that led to the report. Observation of suspected impairment should be corroborated by a second witness.

5. FOR-CAUSE TESTING CRITERIA

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 a 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

- 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

6. FOR-CAUSE TESTING PROCEDURE

- a. **Safeguards.** No Registered Nurse may be asked to submit to a drug test in the absence of factors that create a reasonable suspicion of impairment and cause for testing as defined in this MOU and without an opportunity to consult with a UMPNC/MNA representative as described in Attachment A. All testing of Registered Nurses will be conducted according to the Substance Abuse and Mental Health Services Administration (SAMHSA) testing guidelines most recently in effect, and will include a screening test, a confirmation test, the opportunity for a split sample, review by a Medical Review Officer (MRO), a documented chain of custody, and an opportunity to provide a legitimate medical explanation for any positive test result.
- b. **Implementation.** The assignment of responsibilities and process for implementing for-cause testing is found in Attachment A.

7. POST-TESTING PROCEDURES

Negative Test

The Nursing Manager or designee shall conduct an expedited follow-up and debrief including appropriate next steps. If corrective action is taken, the Registered Nurse and his/her MNA/UMPNC representative will be notified at that time. Corrective action is subject to review under the collective bargaining agreement.

Positive Test

If the University finds that the Registered Nurse is or may be impaired, then the following shall apply:

- (a) The Registered Nurse will be referred to EAP for an initial evaluation. If treatment is recommended by a qualified professional and the Registered Nurse agrees he/she has a probable impairment and is willing to participate in good faith in rehabilitation, then the Registered Nurse must enter an active treatment program as recommended by EAP, self-refer to HPRP, and comply with these conditions in order to be eligible for consideration of a return to work agreement.
- (b) The Registered Nurse will proceed away from work and will be granted paid time or leave of absence as appropriate under Article 31 of the collective bargaining agreement.

- (c) The Registered Nurse must sign any releases required for the University to monitor the nurse's progress in treatment, and must inform UMHS of the name and address of a physician who can provide UMHS with information regarding the nurse's condition, state of health, current course of treatment, and mental, physical, and emotional assessments regarding the nurse's ability to safely assume their duties.
- (d) The University may require an opinion(s) from other consultant(s) to evaluate and examine the Registered Nurse if the University believes such an additional opinion(s) is warranted.
- (e) At the conclusion of the acute phase of the treatment program or 90 days, whichever occurs first, unless an extension of time is mutually agreed upon, a meeting will be convened to review the events that led to the for cause testing, potential practice/policy violations, and subsequent participation in rehabilitation, to determine the next steps. The meeting includes the employee, manager, an MNA representative and/or an UMPNC representative, and Human Resources.
- (f) In order to be considered for return to work, the Registered Nurse must have actively participated in treatment, have been compliant with rehabilitation program requirements, and have a positive prognosis for return to work in the opinion of the EAP/HPRP providers. (See Intent Note)
- (g) To be eligible to return to work, the Registered Nurse must sign and abide by the terms of a Return to Work Agreement (RTW), including applicable HPRP requirements. (See Attachment B)
- (h) If offered a RTW agreement, upon successful completion of the rehabilitation program, the Registered Nurse shall be returned to active employment with the University consistent with the provisions of Section J - Article 38 (Leaves of Absences); provided, however, that the notice requirements of Section J shall not be applicable, and that the return is subject to any applicable RTW agreement, including HPRP requirements.
- (i) If it is determined at any time during the diagnosis, treatment, or rehabilitative phase of the process that the Registered Nurse will be unable to safely assume his/her patient care responsibilities, then the nurse is subject to appropriate corrective action and state or federally mandated reporting requirements, as applicable.
- (j) If the Registered Nurse has previously been afforded the opportunity and has completed a rehabilitation program and HPRP contract under the provisions of this MOU, the Registered Nurse need not be offered additional rehabilitation services. This does not apply to those Registered Nurses that self-refer under Paragraph 345.

- (k) In the event a Registered Nurse is referred for treatment after evaluation and refuses or fails to complete and/or maintain an HPRP contract to completion, he/she will be subject to discharge and reported to the Michigan Department of Licensing and Regulatory Affairs: Bureau of Health Professions: Health Investigation Division as required by law.

8. CONFIDENTIALITY

The University shall preserve the confidentiality of the testing process and the privacy of any Registered Nurse subject to testing to the fullest extent possible. Testing procedures will be designed to preserve the anonymity of the Registered Nurse and the confidentiality of the test results from anyone without a need or legal right to know. The University shall release test results and investigatory findings to the union and employee upon written request. The University can disclose testing records to a decision-maker in a lawsuit, grievance, or other proceeding initiated by or on behalf of the Registered Nurse that arises from test results or the violation of either alcohol or controlled substances prohibitions. The University can disclose testing records to others not specifically listed above only upon written authorization of the Registered Nurse, or as permitted under Michigan law.

9. COMMUNICATION AND EDUCATION

The University will provide education to new employees and existing bargaining unit members concerning the dangers of alcohol and drug use, the University policies and agreements applicable to alcohol and drug use, and the availability of help and assistance for those who may be suffering from an impairing condition. Both parties support joint education on early intervention, prevention, training and education on substance use disorders.

10. APPLICATION

This Memorandum of Understanding is intended to operate in tandem with the University's Drug-Free Workplace Policy and For Cause Drug Testing Policy. In the event of a substantive conflict between the terms of this Memorandum of Understanding and a University policy, the terms of this memorandum shall apply to bargaining unit Registered Nurses.

Intent Note:

In stating this agreement is primarily to promote rehabilitation rather than corrective action of Registered Nurses who suffer from potentially impairing conditions, the parties recognize they cannot foresee all situations that might occur during the administration of this MOU. It is recognized that there could be particular complex cases, not amenable to current definition, that the University may assert warrants deviating from the framework established in the MOU for returning to work following successful rehabilitation. While recognizing this possibility, the parties agree on the following principles:

- (a) A primary goal of this MOU is to return the nurse to work following rehabilitation from a substance use disorder.
- (b) Drug diversion from the employer is not a disqualifying factor for returning to work following rehabilitation.
- (c) Complex cases that do not result in the nurse's return to work following rehabilitation are expected to be the exception when implementing this MOU. A decision by the University not to return to work following rehabilitation does not mean the nurse will be terminated. Other actions may be considered by the University.
- (d) A decision by the University to discharge a Registered Nurse following rehabilitation unrelated to the *Return to Work Agreement – Impairment HPRP* (Attachment B) or which imposes other conditions on the return to work that are not specified in the MOU itself remain subject to Articles 45 and 46 of the collective bargaining agreement.

For the University:

Kathy Jordan-Sedgeman 6.20.14
Kathy Jordan-Sedgeman, RN Date
Human Resources Director

Lori Pelham 6/20/14
Lori Pelham, RN Date
Nursing Lead for Nursing Negotiations

Mark Kemptor 6-20-2014
Mark Kemptor, RN Date
HR Manager/Labor Relations Specialist

For the UMPNC:

Katie Oppenheim, RN 6/20/14
Katie Oppenheim, RN Date
UMPNC Chair

Steven Strahlé 6.20.14
Steven Strahlé, RN Date
UMPNC Vice-Chair

John Armelagos 6.20.14
John Armelagos, RN Date
UMPNC Grievance Chair

For MNA:

James Chiodini 6/23/2014
James Chiodini Date
MNA Representative

ATTACHMENT A

ASSIGNMENT OF RESPONSIBILITIES AND PROCESS FOR IMPLEMENTING FOR-CAUSE DRUG TESTING

1. Upon receipt of a report that there may be reasonable suspicion to justify for-cause drug testing:
 - (a) The supervisor/manager or designee shall:
 - (i) Call for a witness (preferably supervisor-level or above) to the incident.
 - (ii) Document problematic behavior by completing the For-Cause Checklist.
 - (iii) Attempt to notify the UMPNC Chair by page and email, 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 60 minutes of the attempt to notify.
 - (iv) Explain to the Registered Nurse why his/her behavior necessitates the For-Cause Drug Test and that testing for controlled substances/alcohol is a part of the For Cause Drug Test MOU.
 - (v) Explain to the Registered Nurse that he/she will be on unpaid suspension, in accordance with the collective bargaining agreement, 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.

If the situation appears to be a medical emergency, please refer to UMHS Policy 05-03-060 Non-Cardiac Medical Emergencies for medical assistance.

- (vi) During regular business hours:
 - (1) Contact appropriate manager/supervisor (chain of command) to advise that For-Cause Drug Testing is being initiated.
 - (2) Advise (*call*) Business Unit's Human Resource Manager or designee and the Employee Assistance Program (734-763-5409; page 0721) that For-Cause Drug Testing is being initiated.
 - (3) Call Security Services to request their assistance as determined by the manager/supervisor in accordance with the MOU to ensure continuity in the For Cause Drug Testing Process. **(See Note below)**
 - (4) Call the collection site at Occupational Health Services (OHS - Please page OHS Manager at 5348) to notify them you are coming.

- (5) Bring the For-Cause Assessment Form and escort the Registered Nurse to OHS. **(See Note below)**

- (vii) During non-business hours:
 - Contact appropriate manager/supervisor (chain of command) to advise that For-Cause Drug Testing is being initiated.
 - Advise (email or call next business day) Business Unit's Human Resource Manager or designee and the Employee Assistance Program (734-763-5409; page 0721) that For-Cause Drug Testing is being initiated.
 - Call Security Services to request their assistance as determined by the manager/supervisor in accordance with the MOU to ensure continuity in the For Cause Drug Testing Process. **(See Note below)**
 - Call the collection site at the Emergency Department (ED – Please page ED Supervisor at 9440) to notify them you are coming.
 - Bring the For-Cause Assessment Form and escort the Registered Nurse to the ED. **(See Note below)**

Note: Any Registered Nurse consenting to a For-Cause Drug Test shall be permitted to travel to the testing site accompanied by a nursing manager and/or Association representative, except in circumstances that require the presence of another appropriate University designee, if either the manager or Association representative is not available. Management designees may not be UMPNC members. Security personnel will not normally be involved except in circumstances requiring their presence.

- (b) A member of OHS, ED, or applicable test site shall:
 - (i) Explain to the Registered Nurse that the MRO shall contact the Registered Nurse at the telephone number on the consent form upon receipt of the test results.
 - (ii) Review the "Chain of Custody Form" with the Registered Nurse and obtain the Registered Nurse's signature.

2. If the Registered Nurse refuses to participate in the For-Cause Drug Test:

- (a) OHS, ED, or applicable test site shall:
 - (i) Advise the supervisor/manager or designee that the Registered Nurse refused to participate in the For-Cause Drug Test.
 - (ii) Ensure that the Registered Nurse has safe transportation to his/her destination through applicable protocols.

- (b) The supervisor/manager or designee shall:
 - (i) Advise the Registered Nurse that he/she will be processed under the MOU in the same manner as if he/she had tested positive and may be impaired. (See MOU: Post-Testing Procedure)
 - (ii) Share information with Registered Nurse about the UMHS Employee Assistance Program.
 - (iii) Place the Registered Nurse on unpaid suspension until results of evaluation and any pertinent follow-up are completed.
 - (iv) Notify the appropriate Business Unit's Human Resource Manager or designee that the Registered Nurse has refused to participate in the For-Cause Drug Test.
 - (v) Ensure that the Registered Nurse has safe transportation to his/her destination through applicable protocols.

3. If the Registered Nurse interferes or tampers with the testing process or sample:

- (a) The supervisor/manager or designee shall:
 - (i) Place the Registered Nurse on unpaid suspension.
 - (ii) Consult with the Business Unit's Human Resource Manager or designee and initiate corrective action, up to and including discharge pending further review under the collective bargaining agreement.

4. If the Registered Nurse participates in the For-Cause Drug Test:

- (a) OHS, ED, or applicable test site shall:
 - (i) Administer the For-Cause Drug Test, following appropriate protocol.
 - (ii) Following screening, notify the appropriate manager/supervisor that the Registered Nurse has participated in the drug/alcohol test.
 - (iii) Ensure that the Registered Nurse has safe transportation to his/her destination through applicable protocols.
- (b) The supervisor/manager or designee shall:
 - (iii) Share information with Registered Nurse about the UMHS Employee Assistance Program.

- (iv) Place the Registered Nurse on unpaid suspension pending receipt of For-Cause Drug Test results and until results of evaluation and any pertinent follow-up are completed by the MRO.
 - (v) Notify the appropriate Business Unit's Human Resource Manager or designee that the Registered Nurse has participated in the For-Cause Drug Test.
 - (vi) Ensure that the Registered Nurse has safe transportation to his/her destination through applicable protocols.
- (c) The appropriate Business Unit's Human Resource Manager or designee shall:
- (i) Confirm with the manager/supervisor that the Registered Nurse will be on an unpaid suspension pending test results and any pertinent follow-up is completed by the MRO.

4. Upon receipt of negative test results:

- (a) The MRO shall:
- (i) Advise the appropriate manager/supervisor of the For-Cause Drug Test and chemical test results.
 - (ii) Advise the Registered Nurse of the For-Cause Drug Test results. The MRO shall advise the Registered Nurse to promptly contact their supervisor/manager regarding next steps.
 - (iii) If the MRO cannot reach the Registered Nurse at the designated phone number, the MRO will make one more attempt the following workday. If the second attempt is unsuccessful, the MRO will so advise the appropriate manager/supervisor.
 - (iv) Note: If other information is identified that impacts the Registered Nurse's ability to return to work, the MRO shall present such information to the appropriate manager/supervisor.

Note: No records surrounding this incident shall be placed in a Registered Nurse's personnel file if a negative test result is returned; however, records for all testing done on anyone are kept in a confidential OHS file.

- (b) The appropriate manager/supervisor shall:
- (i) Advise the appropriate Business Unit's Human Resource Manager or designee of the results of the For-Cause Drug Test.
 - (ii) Upon notification to do so by the MRO, contact the Registered Nurse and coordinate his/her return to work pending results of any investigations.

- (iii) Take the UMHS Registered Nurse off unpaid suspension, effective the date of the MRO's successful contact with the Registered Nurse, and process appropriate submittal forms for pay of missed work time during unpaid suspension, pending any investigation results. (See MOU: Post-Testing Procedure)
- (c) The appropriate Business Unit's Human Resource Manager or designee shall:
- (i) If the MRO has successfully contacted the Registered Nurse and the Registered Nurse may return to work, confirm that the supervisor/manager has arranged with the Registered Nurse for the return to work.
 - (ii) If the MRO has been unable to contact the Registered Nurse, confirm that the supervisor/manager will follow up with the Registered Nurse.
 - (iii) If the MRO has presented other information that impacts the Registered Nurse's ability to return to work, the appropriate Business Unit's Human Resource Manager or designee will identify with the manager/supervisor applicable actions and resources that are outside of this procedure.

5. Upon receipt of positive test results:

- (a) The MRO shall:
- (i) Advise the Registered Nurse of the results of the For-Cause Drug Test, verifying any prescription use, if necessary.
 - (1) A Registered Nurse who tests positive for legally prescribed medications may return to work when the Registered Nurse, physician, or pharmacy provides appropriate information to the MRO.
 - (ii) Advise the appropriate manager/supervisor and appropriate Business Unit's Human Resource Manager or designee of the positive test results and whether a prescription was involved.
 - (iii) If unable to reach the Registered Nurse at the designated phone number, make one more attempt the following day. If the second attempt is unsuccessful, advise the appropriate manager/supervisor.
 - (iv) If other information is identified that impacts the Registered Nurse's ability to return to work, present such information to the appropriate manager/supervisor.
- (b) The appropriate manager/supervisor shall:

- (i) Confirm with the appropriate Business Unit's Human Resource Manager or designee of the results of the For-Cause Drug Test, including positive test results.
- (ii) In consultation with the appropriate Business Unit's Human Resource Manager or designee, determine the appropriate response. (See MOU: Post-Testing Procedure)
- (iii) If the MRO has been unable to successfully contact the Registered Nurse, the manager/supervisor will consult the appropriate Business Unit's Human Resource Manager to determine the appropriate next steps, up to and including discharge.
- (iv) If other information is identified that impacts the Registered Nurse's ability to return to work or participate in customary treatment, coordinate with the appropriate Business Unit's Human Resource Manager or designee other actions/resources outside of this policy, such as an accommodation, leave of absence, extended sick, HPRP contract, etc.

Note: No records surrounding this incident shall be placed in the Registered Nurse's personnel file; however, any paperwork received by the supervisor shall be retained in the Registered Nurse's separate medical (red) folder. Records for all testing done on anyone are kept in a confidential OHS file.

6. Incapacity to Consent to Testing

If the Registered Nurse, while on duty or on UMHS business, presents in the ED under circumstances raising reasonable suspicion of controlled substance or alcohol use and is incapable of consenting to testing under the MOU, when the Registered Nurse regains capacity to consent, he/she shall consent to the MRO accessing their medical records and disclosing relevant results of any blood or urine screens obtained during treatment. Refusal to consent to disclosure will be treated in the same manner as refusal to consent to testing as described elsewhere in the MOU.

7. Shy Bladder or Inability to Provide a Sufficient Quantity of Urine

If the Registered Nurse is unable to provide a sufficient quantity of urine for testing, the collection site person shall instruct the donor to drink not more than 40 ounces of fluids and, after a period of no longer than two (2) hours, again attempt to provide a complete sample using a fresh collection container. Failure to provide a sample within two (2) hours will be considered a positive test result.

ATTACHMENT B

Return to Work Written Agreement – Impairment/HPRP

The purpose of this letter is to inform you that we have decided to accommodate your return to work in the University of Michigan Health System (UMHS) effective _____. We fully support your dedication to maintaining your recovery and your commitment to the provisions outlined below.

1. You will comply with all the terms and conditions of the Michigan Health Professional Recovery Program (HPRP). If you are found to be non-compliant with that HPRP agreement at any time, you may be immediately suspended and may face corrective action up to and including discharge.
2. You will abstain from alcohol, mood-altering substances, or controlled substances, except medications as prescribed by _____. If you are found to be in violation at any time, you may be immediately suspended and may face corrective action up to and including discharge.
3. You will continue to be monitored by a random drug screens process throughout your HPRP Monitoring Agreement. Non-compliance or a positive screen (as interpreted by a qualified physician) may result in your immediate suspension and may face corrective action up to and including discharge.
4. In addition to the HPRP monitoring, your on-site monitor, _____, or the UMHS Employee Assistance Program (EAP) or their designee(s) will have the ability to request a urine and/or blood drug screen at any time. Non-compliance or a positive screen (as interpreted by a qualified physician) will result in your immediate suspension as per the MOU and may face corrective action up to and including discharge.
5. You must provide the EAP with the necessary authorization releases to allow for contact with your medical and counseling records, your clinical team, and HPRP. If any of your treating physicians find you are not chemically free or are unable, for any reason, to practice with reasonable safety, they will notify _____, your HPRP consultant, and the EAP immediately.
6. Your progress will be monitored on a monthly basis by your work site monitor (nurse manager) _____ and the EAP. You must provide documentation that you are continuing to fulfill the terms of your treatment monitoring agreement with HPRP, and continuing treatment. Please include written verification of attendance at three weekly 12-Step meetings, including at least one Caduceus meeting per month.
7. You will inform you worksite monitor and the EAP of any changes in your HPRP contract including, but not limited to, medication changes, excusing of random urine screens and revised work hours and restrictions.
8. The terms and conditions of this letter will remain in effect for the duration of the HPRP contract.
9. If you are discharged for violating this agreement and its conditions, there shall be no convening of a Disciplinary Review Conference or recourse to the dispute and arbitration provisions of the collective bargaining agreement, except for the purpose of disputing whether a violation occurred.

While we look forward to your contributions to the UMHS, the highest standards of patient care and safety are our utmost concern. We are confident that you will be successful. However, you must understand we adhere to a “zero tolerance” policy. Failure to comply with all the above conditions may result in your immediate suspension and corrective action up to and including discharge.

EAP Date

Employee Date

Manager Date

UMPNC/MNA Representative Date