

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

- Other observation (please explain): _____

Check below as next steps are completed:

- Call for a witness (preferably supervisor-level or above) to the incident.
- Document problematic behavior by completing the For Cause Assessment.
- 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.
- 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.
- 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.
- During regular business hours:
 - Contact appropriate manager/supervisor (chain of command) to advise that For Cause Drug Testing is being initiated.
 - 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.
 - 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)**
 - Contact the collection site at Occupational Health Services (Please page 5356) to notify you are coming.
 - Bring the For Cause Assessment Form and escort the Registered Nurse to OHS. **(See Note below)**
- 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)**.
 - Contact the collection site at the Emergency Department (Please page 5356) to notify you are coming.
 - Bring the For-Cause Assessment Form and escort the Registered Nurse to the ED. **(See Note below)**.
- Ensure that the Registered Nurse has safe transportation to his/her destination through applicable protocols.

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.

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 regarding return to work.

- I agree to take the For Cause Drug Test.
- I refuse to take the For Cause Drug Test.

- I agree to take a blood test for Bloodborne Pathogens.
- 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 _____