

UConn HEALTH

POLICY NUMBER 2003-39

January 9, 2013

**POLICY: GUIDELINES FOR ASSESSING THE IMPAIRED EMPLOYEE IN THE
WORKPLACE**

GUIDELINES FOR ASSESSING THE IMPAIRED EMPLOYEE IN THE WORKPLACE:

- A supervisor, manager, or Human Resources Representative may refer an employee for a Fitness for Duty (FFD) assessment to the Division of Occupational and Environmental Medicine, Employee Health Service (EHS) or to the ED Department (ED).
- Some symptoms are clearly more emergent than others. The supervisor must use discretion and be generally directed by the Guidelines for Assessing the Impaired Employee in the Workplace and the Role of the EAP as to whether observations of declining work performance necessitate a referral during off hours to the ED or if the situation is one that can be addressed during normal business hours the following day.
- Employment security and advancement opportunities will not be jeopardized by reason of the employee's following these guidelines and its recommendations. At the same time, normal administrative and disciplinary procedures relating to the unavailability for work or the inability to perform satisfactorily will not be avoided as a result of following these guidelines.
- If deficiencies in employee performance or behavior are observed at any time during working hours, the supervisor is to document those observations. The documentation must be directly related to the employee's inability to perform his or her work duties in a satisfactory manner. If possible, a second supervisor should witness and confirm any observations of the employee's performance or behavior. Possible observations may include, but are not limited to:
 - drowsiness and/or sleepiness
 - odor of alcohol on the breath
 - slurred/incoherent speech
 - inability to concentrate
 - lack of attention
 - unusually aggressive behavior
 - unexplained work errors
 - unexplained changes in mood
 - lack of manual dexterity
 - lack of coordination in walking
 - unexplained work related accidents or injuries
 - excessive absenteeism
- The supervisor should arrange to meet with the employee to discuss the situation. Since the information gained at this meeting may lead to the employee being disciplined, it is their right to have a union representative present. If the employee waives the right to union representation, the

employee should sign a union waiver form (attached). A Managerial/Confidential employee is entitled to have a witness with them under these circumstances as well. If representation is waived, a waiver should be signed by the employee.

Referrals:

The supervisor, manager or Human Resources representative should refer the employee to the EHS for assessment during the hours of 8:00 am – 4:00 pm, Monday through Friday. Before referring the employee, EHS staff should be called at x4922 to ensure the ability to respond to the request immediately. During off hours, weekends, and holidays, this referral should be made to the ED. EHS or the ED must notify the physician who is scheduled or who is “on call” that a Fit For Duty (FFD) assessment needs to be conducted.

- The supervisor, manager or Human Resources representative will escort the employee to EHS or the ED and have a conversation in person or on the telephone with the physician or provide a written note to the physician indicating why the employee is being referred.
- The physician will see the employee in a timely fashion.
- If the FFD assessment includes blood/urine testing for alcohol or drugs, collection with chain of custody will be made in EHS or the ED. This test is voluntary and consent will be obtained unless there is a stipulated agreement. The EHS and the ED will have a supply of the consent and laboratory order forms.
- The EHS or ED physician will determine whether the employee is fit for duty and able to return to work, or is unfit for duty and must be sent home or referred for immediate medical care.

SAFETY OF EMPLOYEE AND THE PUBLIC:

WHEN AN EMPLOYEE IS SENT HOME OR REFERRED FOR IMMEDIATE MEDICAL CARE, THE SUPERVISOR WILL HELP HIM OR HER GET THERE SAFELY. AN EMPLOYEE WHO IS SENT HOME AS UNFIT TO WORK SHOULD NOT BE ALLOWED TO DRIVE. IF THE EMPLOYEE IS UNWILLING TO BE DISSUADED FROM DRIVING, HE OR SHE SHOULD BE ADVISED THAT THE POLICE DEPARTMENT WILL BE NOTIFIED. THE SUPERVISOR SHALL CONTACT THE POLICE DEPARTMENT AT X2121 AS REQUIRED.

SUBSTANCE ABUSE ASSISTANCE RESOURCES AT THE UCHC:

There are numerous resources available to staff and students seeking assistance in dealing with substance abuse. In addition to those listed below, those with private health insurance may access other resources.

Employee Assistance Program

EAP Phone: (860) 679-2877, CT toll-free: 800-852-4392

Web: <http://eap.uchc.edu>

Email: uchc_eap@uchc.edu

Provides confidential assessment and referrals for employees seeking assistance in dealing with substance abuse.

Confidential Help for Impaired Professional Students (CHIPS)

CHIPS HOTLINE (860) 679-4485
CHIPS Director (860) 679-4485
Email: CHIPS@uchc.edu
CHIPS WEBSITE: chips.uchc.edu

Provides early identification and confidential assistance to a student who is abusing alcohol or drugs. The resources of CHIPS are available to any student. Referrals are made through a CHIPS Council member and are held in strictest confidence. CHIPS Council members may be located on the CHIPS website. Additional details are available on the website and in the student handbook.

Carolle Andrews (Signed)

1/16/13

Chief Administrative Officer

Date

Frank M. Torti (Signed)

1/28/13

Executive Vice President for Health Affairs

Date

POLICY REPLACES:

Drug-Free Workplace & Alcohol Abuse Policy – 9/28/90 memo

HAM Policy: Guidelines for Assessing the Impaired Employee in the Workplace #10-008 – 7/86;
Revised 12/88; 12/91/ 4/94/ reviewed 11/00

Revised Date: 7/1/03, 10/16/09, 12/10/12

Reviewed: 1/9/13

Policy previously titled “Alcohol Abuse and Drug-Free Workplace”. Portions of that policy rewritten and published as “Drug-Free Schools & Campuses Act and Drug-Free Workplace Act” #2015-10

UConn HEALTH

WAIVER OF REPRESENTATION

I, _____ waive my right to [Union] _____ [Other] _____ representation at the

Type of Meeting

Held on (date)

Employee signature

Date

Witness signature

Date