

If	Then	In addition
The employee appears violent, verbally abusive, or otherwise threatening	Call 911 or UNMPD / 505-277-2241	Make reasonable efforts to protect yourself and others. Avoid physical confrontation.
The employee appears to be having a medical emergency or requests immediate medical assistance	Call 911	The supervisor should have someone stay with the employee until medical personnel arrive
Neither of the above; employee appears to be impaired and is unfit for duty.	Follow procedure	See Section B. Procedures and Section C. Dialog with Employee.

Refer to [University Administrative Policy \(UAP\) 3270](#), Suspected Employee Impairment at Work for more information

Instructions:

C. Dialogue with Employee

Introduction:

I want to express my concern about your safety and well-being. I have observed the following behaviors that lead me to believe you may be impaired in some way. (Describe the observed behaviors and list in the Impairment Checklist.)

Transportation:

Do you need immediate medical assistance?" (If so, call 911 as noted above.) For your safety and the safety of others, I want you to leave the work site as soon as possible. I am placing you on Administrative Leave with Pay for the rest of the workday. I want to make sure you have safe transportation home or to a medical facility. Is there a relative or friend that you can call to give you a ride? If not, would you be willing to accept a taxicab ride reimbursed for by UNM to your home or to a medical facility? (If a taxi is called, advise the employee that he/she will need to obtain a receipt.) Please be advised that if you attempt to drive yourself, I will have to call Police.

Protesting Observations:

If the employee appears to be impaired as are result of substance use (e.g. non-medical or non-psychological issues). *Because your impairment appears to be substance-related, you may protest my observations by obtaining a drug and alcohol test at the closest location on the listing I am providing you (located on attachments section of [UAP 3270](#)). If so, I will also have to provide you with an authorization form for the testing which you will need to take with you. I will then arrange for a taxi to transport you to the designated testing facility (within 2 hours). You must immediately proceed to the lab for testing for the results to be considered. The department will pay for the transportation to the testing facility but you will be responsible to arrange for transportation from the testing facility home. You must not drive."*

If the employee is transported by ambulance: *"If you are tested for drugs or illegal/legal substances in the emergency room, you may elect to make the results available to Employee and Occupational Health Services (EOHS) and, if conducted within eight hours of the designation of impairment, such test will be treated as the equivalent of a drug or alcohol test as listed above.*

Return to work:

*You are being placed on Administrative Leave with Pay for the balance of the workday due to suspected impairment. Before you will be allowed to return to work, you will need to have your physician complete and sign the Authorization to Use or Disclose Health Information Form that I am giving you (located on the attachments section of [UAP 3270](#)) and provide it to EOHS so they can certify you are medically able to return to work before you can return to work. You are expected to see your physician as soon as possible, preferably today, so that you may see EOHS as soon as possible, preferably tomorrow, regarding a release to return to work. I will complete Section 1 of that document before you leave today. EOHS may assist you in working with your health care provider to facilitate this process. You may contact **EOHS at 505.272.8043**. If you are unable to medically return tomorrow, it is your responsibility to call me tomorrow in accordance with department call-in procedure and your absence will be recorded with the appropriate leave. Paid administrative leave only covers the rest of this day. We will need to meet privately as soon as possible after you return to work to discuss this incident further.*

CARS:

Also, you can contact the Counseling Assistance and Referral Service (CARS) at 505.272.6868 for confidential counseling or referral, if you desire.

Closing:

Before you leave today, we will be providing you a copy of this document outlining what we have discussed.

IMPAIRMENT CHECKLIST

DOCUMENTATION OF OBSERVED BEHAVIOR FOR REASONABLE SUSPICION

- a. Date and Time of Observation: _____ Location: _____
- b. Signs of impairment due to alcohol/substances or medical/psychological issues (please check all that apply):

WALKING	<i>Stumbling</i>	<i>Staggering</i>	<i>Unable to Walk</i>	<i>Swaying</i>
	<i>Unsteady</i>	<i>Holding On</i>		
STANDING	<i>Swaying</i>	<i>Rigid</i>	<i>Unable to Stand</i>	<i>Feet Wide Apart</i>
	<i>Staggering</i>	<i>Sagging Knees</i>		
SPEECH	<i>Shouting</i>	<i>Silent</i>	<i>Whispering</i>	<i>Slow</i>
	<i>Rambling</i>	<i>Mute</i>	<i>Slurred</i>	<i>Slobbering</i>
	<i>Incoherent Speech</i>			
DEMEANOR	<i>Impolite</i>	<i>Uncooperative</i>	<i>Sleepy</i>	<i>Crying</i>
	<i>Silent</i>	<i>Talkative</i>	<i>Excited</i>	<i>Sarcastic</i>
	<i>Agitation</i>	<i>Irritability</i>	<i>Hostility</i>	<i>Argumentative</i>
	<i>Unruly</i>	<i>Fearful</i>		
ACTIONS	<i>Hostile Erratic</i>	<i>Fighting</i>	<i>Threatening</i>	<i>Drowsiness</i>
	<i>Hyperactive</i>	<i>Tremors</i>	<i>Profanity</i>	<i>Aggressive Behavior</i>
	<i>Resisting Communication</i>			
MENTAL STATE	<i>Obsessions</i>	<i>Hallucinations</i>	<i>Memory Loss</i>	<i>Delusions</i>
	<i>Disorientation</i>	<i>Poor Concentration</i>		
EYES	<i>Bloodshot</i>	<i>Watery</i>	<i>Dilated</i>	<i>Glassy</i>
	<i>Droopy</i>	<i>Closed</i>		
FACE	<i>Flushed</i>	<i>Pale</i>	<i>Sweaty</i>	
APPEARANCE/ CLOTHING	<i>Messy</i>	<i>Dirty</i>	<i>Neat</i>	<i>Having Odor</i>
	<i>Partially Dressed</i>			
MOVEMENTS	<i>Fumbling</i>	<i>Jerky</i>	<i>Slow</i>	<i>Normal</i>
	<i>Nervous</i>			
EATING/ CHEWING	<i>Gum</i>	<i>Candy</i>	<i>Mints</i>	<i>Other</i>
PERFORMANCE	<i>Acute Work Errors</i>	<i>Lack of Coordination in Movement</i>	<i>Lack of Performing Normal Tasks</i>	<i>Work Related Accident or Injury</i>
	<i>Diminished Capacity, Inability to Perform</i>			





Drug Testing Facilities for all campuses

To obtain a map of locations enter this in your browser
<https://www.questdiagnostics.com/locations/>

For after-hours testing: 1-866-457-4009(nation-wide)

Albuquerque

Quest Diagnostics

8900 San Mateo NE
Albuquerque, NM 87113
Phone: 505.822.5522

Landmark This Site Performs Breath Alcohol
Collections Observed Collections

Hours M - F 8:00 a.m. - 4:30 p.m.
**Hours displayed are regular business
hours; variations may occur due to
holidays.**

Valencia

Quest Diagnostics

106 Main Street NE, Suite E
Los Lunas, NM 87031
Phone: 505-865-1631

Landmark Inside ABQHP Clinic

Hours M-F 7:00 a.m.- 4:00 p.m.
**Hours displayed are regular business
hours; variations may occur due to
holidays.**

Gallup

RMCHCS/College Clinic

2111 College Dr.
Gallup, NM 87301
Phone: 505-863-1866

Hours Monday: 9:00 am-11:00 am, 1:00 pm- 9:00 pm
Tuesday: 9:00 am-1:00 am, 1:00 pm-9:00 pm
Wednesday: 9:00 am-11:00 am, 1:00 pm-9:00 pm
Thursday: 9:00 am-11:00 am, 1:00 pm-9:00 pm
Friday: 9:00 am-11:00 am, 1:00 pm-9:00 pm
Saturday: 9:00 am-9:00 pm
Sunday: 12:00 pm-5:00 pm

Taos

Quest Diagnostics

435 St. Michael's Drive, Suite A-104
Santa Fe, NM 87505
Phone: 505-988-5884
Fax: 505-984-1745

Landmark Past the hospital on left side.

Hours M-F 7:00 am-12:30 pm & 1:00 pm-3:30
pm; Drug Screen: M-F 8:00 am-12:30 pm
& 1:00 pm-3:00 pm
**Hours displayed are regular business
hours; variations may occur due to
holidays.**