

## IMPAIRED PERFORMANCE INCIDENT CHECKLIST CONFIDENTIAL

### A. Instructions

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

If	Then	In addition
The employee appears violent, verbally abusive, or otherwise threatening	Call 911 or UNMPD / 277-2241	Make reasonable efforts to protect yourself and others
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
You need assistance with this process	Call Your HR Consultant (main #: 277-2013)	

Step	Action
1	Obtain a witness (another manager or supervisor) and meet with the employee in a private area.
2	<b>Read the <i>italicized</i> statements in Section B below</b> to the employee in a private setting, and fill in appropriate observations and information under Section C.
3	Let the employee know that he or she may protest the supervisor's determination of impairment due to alcohol/illegal or legal substances.
4	Discuss safe arrangements for the employee to leave the work site.
5	Discuss the return to work process.
6	Provide the employee with the number for CARS 272-6868.
7	Have the employee sign this document as having received it. The supervisor and witness should also sign.
8	Provide a copy of this document to the employee before he or she leaves the work site. If a copy can't be provided immediately, provide a copy to the employee the following day or mail a copy to the employee, if the employee is not released to work by his/her physician and Employee and Occupational Health Services (EOHS) by the following day.
9	Call your Department Human Resources (HR) Rep and the HR Consultant (see above). If the supervisor/manager can't reach either individual, contact Labor/Employee Relations at 277-4993.

## B. 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 Section C under "Signs of Impairment")*

**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 due to alcohol or substances (e.g. non-medical or non-psychological issues)**

*"Because your impairment appears to be due to alcohol/ illegal or legal substances, you may protest my observations by obtaining a drug and alcohol test at the closest location on 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. **(The supervisor can obtain this from the Division of Human Resources)**. 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:** *"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 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:** **If the employee appears to be impaired due to alcohol or substances** *"Also be aware that you can contact the Counseling Assistance and Referral Service (CARS) at 272-6868 for confidential counseling or referral, if you desire."*

**Closing:** *"Before you leave today, we will be signing this document outlining what we have discussed and I will be providing you with a copy."*

### C. Supervisor to Complete

1. Date and Time of Incident: \_\_\_\_\_ Location: \_\_\_\_\_  
2. Signs of impairment due to alcohol/substances or medical/psychological issues (please check all that apply):

Smells of Alcohol  
 Is Weaving  
 Slurred Speech

Is Lethargic  
 Lack of Coordination  
 Eyes are Bloodshot

Other (Please note below)

### Comments

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**Assistance Needed** Yes \_\_\_ No \_\_\_ If yes, action taken:

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### Transportation

Friend/relative provided ride \_\_\_\_\_ (name of individual)

Taxicab transported \_\_\_\_\_ (name of company)

Time left \_\_\_\_\_

Transported to \_\_\_\_\_

### Additional Information or Comments

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### D. Signatures

**Employee** Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(This only certifies that I have received this form)

Employee Name (print): \_\_\_\_\_

**Supervisor** Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Supervisor Name (print): \_\_\_\_\_

**Observer** Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Observer Name (print): \_\_\_\_\_