

# Ann Arbor Campus Staff Fitness for Duty Assessment Checklist

*When an employee exhibits behavior(s) or other indicators, such that there is direct threat to health/safety to self or others, this assessment is to be completed.*

First and Last Name:		UMID or Campus ID:	
Job Title/Department:		Employee Contact:	
Date/Time of Incident:		Location of Incident:	
Direct Supervisor: (for notification of results)		Supervisor Contact: email or phone	

## **Briefly describe incident(s) (attach additional sheets as needed)**

- If the situation appears to be a medical emergency or imminent threat, please call 911.
- Call for a second observer/witness (preferably supervisor-level or above) to the incident.
- Document observation and indicators by completing pages 1 and 2.
- Relieve employee from duty and remove from worksite.
- Explain to the employee why their behavior necessitates the reasons for the assessment.
- Consult (*call*) with your designated Human Resources Representative who will partner with Work Connections regarding a potential Fitness for Duty evaluation.

## **A pattern of the following indicators AND / OR an appearance of one of the following, which if not otherwise explained, justifies a reasonable concern (check all that apply):**

- Individual is severely impaired (e.g., unconscious, staggering, incoherent, or exhibiting extreme physical symptoms)
- Individual is posing an imminent direct threat to harm themselves (e.g. suicidal statements) or intent to harm/plan to harm self or others
- Individual is not severely impaired, violent or threatening, but behavior indicates conduct that poses an imminent and/or serious safety threat to other
- Individual exhibits behavior(s) or other indicators such that there is a reasonable suspicion the employee is impaired, under the influence of, or has the odor or alcohol or drugs. Supervisor will initiate the Reasonable Suspicion Testing process option (see bottom of page 2 and steps on page 3)

# Check all that apply:

Physical Indicators			
<p style="text-align: center;"><b><u>Walking/Standing</u></b></p> <input type="checkbox"/> Stumbling / Staggering <input type="checkbox"/> Unable to Walk / Stand <input type="checkbox"/> Swaying <input type="checkbox"/> Falling or Fell <input type="checkbox"/> Loss of balance <input type="checkbox"/> Leaning on objects for support	<p style="text-align: center;"><b><u>Appearance</u></b></p> <input type="checkbox"/> Puncture marks/needle tracks <input type="checkbox"/> Disheveled <input type="checkbox"/> Drowsiness/sleepiness <input type="checkbox"/> Excessive sweating <input type="checkbox"/> Deterioration in personal hygiene	<p style="text-align: center;"><b><u>Speech</u></b></p> <input type="checkbox"/> Slurred <input type="checkbox"/> Shouting <input type="checkbox"/> Incoherent <input type="checkbox"/> Rambling <input type="checkbox"/> Repetitive	<p style="text-align: center;"><b><u>Face</u></b></p> <input type="checkbox"/> Red/Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Other
<p style="text-align: center;"><b><u>Eyes</u></b></p> <input type="checkbox"/> Watery <input type="checkbox"/> Droopy eye lids <input type="checkbox"/> Glassy <input type="checkbox"/> Bloodshot/Red <input type="checkbox"/> Pupils (small, pinpoint or dilated)	<p style="text-align: center;"><b><u>Movements</u></b></p> <input type="checkbox"/> Fumbling <input type="checkbox"/> Tremor <input type="checkbox"/> Restless/Agitated <input type="checkbox"/> Slowed <input type="checkbox"/> Loss of manual dexterity	<p style="text-align: center;"><b><u>Odor on breath, person, or clothing</u></b></p> <input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Other	
Behavioral Indicators			
<p style="text-align: center;"><b><u>Demeanor</u></b></p> <input type="checkbox"/> Disoriented <input type="checkbox"/> Anxious <input type="checkbox"/> Talkative <input type="checkbox"/> Mood Changes		<p style="text-align: center;"><b><u>Actions</u></b></p> <input type="checkbox"/> Fighting <input type="checkbox"/> Argumentative <input type="checkbox"/> Erratic <input type="checkbox"/> Hostile <input type="checkbox"/> Threatening <input type="checkbox"/> Hyperactive	
Data Indicators			
<input type="checkbox"/> Pattern of non-explainable behavior changes			
<input type="checkbox"/> Other: (explain)			

## **Employee Notice and Acknowledgment of Reasonable Suspicion Testing Process**

It has been explained to me that the Reasonable Suspicion test is a component of the U-M assessment, I have been informed of the reason(s) for the test, and that a refusal to test will be treated the same as a positive result. I have been informed that I will be on investigatory leave, in accordance with U-M processes or collective bargaining agreements as applicable, until the test results are verified by the Medical Review Officer (MRO) and a decision is made regarding return to work.

**I agree to take the Drug/Alcohol Test**

**I decline to take the Drug/Alcohol Test**

Employee's Response/Statement

**Employee Name Printed** \_\_\_\_\_

**Employee Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Checklist Completed By** \_\_\_\_\_

**Date** \_\_\_\_\_

**Witness** \_\_\_\_\_

# Reasonable Suspicion Testing Process Steps for Ann Arbor Campus Staff

- If the situation appears to be a medical emergency, please call 911. Otherwise, call 734-763-1131 for DPSS.
  - **University Health Service and School of Dentistry staff, follow the unit-specific procedures**
- Document observations and indicators by completing this Assessment Checklist and include a second observer if possible.
- Consult (call) your designated Human Resource Representative
- When an employee exhibits behavior(s) or other indicators such that there is reasonable suspicion the employee is impaired, under the influence of, or has the odor of alcohol or drugs, follow the steps below:
  - The supervisor should meet with the employee in a private location. When possible, this meeting will be conducted in the presence of a witness and/or unit Human Resources.
  - The supervisor will explain that the result of the drug/alcohol testing will be one component of the U-M assessment, and share the physical/behavioral indicators observed that provide a basis for testing.
  - The employee should be given an opportunity to respond. The employee's responses, including if the employee declines to comment or refuses to test, should be documented by the supervisor on this assessment checklist.
  - The supervisor will inform the employee that they will be placed on investigatory leave.
  - The employee will be asked to sign the checklist indicating they consent or decline to test. If the employee refuses to test after being advised of the potential consequences, the employee will be asked to sign (including in the presence of a witness, if available) the consent form indicating they are declining to participate. If the employee refuses to sign the form, this should be noted on the form and signed by the employee's supervisor.
  - If the employee has consented to testing, the completed checklist is emailed to [WorkConnectionsFFD@umich.edu](mailto:WorkConnectionsFFD@umich.edu). Once Work Connections initiates the testing authorization, an email is sent to the supervisor's email (using their U-M issued email account). The supervisor needs to present the QR code they receive from eScreen when they arrive at the Concentra facility
  - For bargained-for employees, the supervisor will attempt to notify the Union Steward by phone and provide an opportunity for the employee to speak with their representative before a test is performed. *This can be done by phone before leaving for, en route to, or from the test site.* If the Union Steward cannot be reached, contact the Bargaining Chair. If good faith efforts are made to notify the union and no response is received within 60 minutes of our initial attempt to notify, the process will proceed and the testing performed when the employee has consented.
- Supervisor: If the employee has consented to test, escort the individual to the appropriate collection site and ensure you have the QR code.
  - Drug/Alcohol Collection Testing Sites:
    - Between 8:00am and 6:00pm: [Concentra Ann Arbor](#) 3131 South State Street 48103
    - Test authorization requests made between 6:00pm-10:00pm (test location open 24 hrs): [Concentra Romulus](#) 10912 Wayne Road Ste. 104 Romulus, MI 48174
  - Transportation to the site: If DPSS was called/responded to the incident but is unable to transport to the testing site, use [U-M Golden Limousine MODE service](#): Call (734) 707-9707 and select Option 2 (24/hr dispatcher). Be prepared to provide your UM information at the time of the call including a PCard or Credit Card and to show it upon pick-up
  - Supervisor: remain with the employee at the testing site until the individual has safe transportation to their destination after the testing is completed. If the employee attempts to operate their vehicle, make appropriate efforts to discourage the employee from doing so, but do not restrain the employee. Note the employee's type of car and license plate and contact DPSS to report concern that the employee may be driving under the influence.
- Once the test results are received, Human Resources will consult with the supervisor, Work Connections, Faculty and Staff Counseling and Consultation Office and/or other central offices as appropriate to discuss the facts that lead to the testing process, clarify safety concerns, and agree on next steps.