



<b>Title</b>	HR701 - Alcohol and Drug Misuse				
<b>Location</b>	BroMenn Medical Center, Carle Foundation Hospital, Eureka Hospital, Health Alliance, Methodist Hospital, Pekin Hospital, Proctor Hospital, Richland Memorial Hospital, Hoopeson Regional Health Center				
<b>Department</b>	System				
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**Attachments**

[HR701A – Supervisor and Medical Provider Forms](#)

**Purpose**

- A. To protect customers, employees, and the reputation of Carle, this organization will actively work to identify and eliminate alcohol and drug misuse that could adversely affect the quality of services provided to those we serve.

**Definitions**

- A. **Under the influence of alcohol** - an alcohol concentration of .04 or more, OR actions, appearance, conduct or bodily odors that reasonably cause a supervisor, a manager, or a physician to conclude that an employee is unable to work safely or effectively because of alcohol use (an alcohol concentration of .04 or more shall constitute a positive test for alcohol.)
- B. **Under the influence of drugs** - the confirmed presence of legal or illegal drugs or their metabolites, and drugs lawfully prescribed that adversely affect or impair the employee's ability to perform their job duties.
- C. **Drugs** - Means controlled substances not legally obtainable, or that may be legally obtainable whether they have not been legally obtained or not, or are not being used under the supervision of a licensed health care professional, or that are not being used for the prescribed purposes or otherwise in accordance with a lawful prescription.

**Statement of Policy**

- A. Voluntary Dependency Counseling
  - 1. Carle encourages employees who need assistance in dealing with alcohol or drug dependency problems to seek counseling. Carle will support and reasonably accommodate chemically dependent employees, who voluntarily seek help for their dependency, provided they do so before becoming subject to discipline under this or other Carle policies. Such requests, however, will not excuse employees from:
    - a. Normal standards of performance or conduct.
    - b. Previously initiated discipline.
    - c. Their obligation to cooperate in tests required by this policy.
- B. Employees are prohibited from:
  - 1. Possessing, using, buying, selling, transferring, dispensing, transporting or being under the influence of legal or illegal drugs while on company premises or time (including paid lunch and rest periods).
  - 2. Possessing, consuming, buying, selling, transferring, dispensing, transporting or being under the influence of alcoholic beverages while on company premises or time (including paid lunch and rest periods).
  - 3. Using legal or illegal drugs or alcohol on their own time (including off-duty participation in Carle-sponsored social events) in a way that causes them to report for work or otherwise be on company time while under the influence of drugs or alcohol.
  - 4. Switching, tampering with, or adulterating any sample collected under this policy, or attempting to do so.

- C. This policy does not prohibit employees from lawfully selling, possessing, transferring, dispensing or transporting prescription drugs (or non-beverage alcohol) in connection with their normal job responsibilities. It also does not prohibit employees from lawfully possessing or consuming controlled substances that are being taken by the employees under the supervision of a licensed health care professional and in accordance with a lawful prescription, except that an employee who report to work in a condition that adversely affects or impairs the employee's ability to perform their job duties will be considered in violation of this policy.
- D. Selection of Employees for Alcohol and/or Drug Testing:
1. Employee will be directed to cooperate in testing of their urine, breath and/or blood for alcohol and/or drugs under the following circumstances:
    - a. When the employee's behavior, bodily odors, appearance, speech or actions cause a supervisor to reasonably suspect that the employee is impaired and a medical examination has not ruled out drug or alcohol misuse;
    - b. The employee appears to have used, consumed or possessed drugs or alcohol in violation of this or other Carle Foundation policies;
    - c. Upon all vehicle accidents while in the course of work and where the presence of alcohol or drugs could have reasonably contributed to the accident;
    - d. Upon any accident while in the course of work where medical attention is needed and where the presence of alcohol or drugs could have reasonably contributed to the accident or injury. Needlestick, bloodborne pathogen, and exposures to infectious diseases or other agents are excluded.
    - e. The employee is subject to a last chance, or other agreement, providing for testing; or
    - f. Testing is required by law or government regulation.
- E. Refusal to Submit to Test:  
An employee's refusal to cooperate in a drug or alcohol test (when directed to do so) will be considered insubordination and will result in immediate suspension of the employee pending further investigation. Carle will discipline the employee, up to and including termination, based on evidence then available and any reasonable inferences that can be drawn from that evidence and the employee's refusal to cooperate.
- F. Consequences of Violation of Policy:
1. Without prejudice to Carle's policy of employment at will, employees who test positive for legal or illegal drugs or alcohol in violation of this policy, regardless of when or where the substance entered the employee's system, will be disciplined, up to and including termination, or, at the discretion of Carle, given the opportunity to receive chemical dependency treatment.
  2. Employees who are given the opportunity to receive treatment will be suspended and required to:
    - a. Participate in an evaluation for chemical dependency to be performed by a Substance Abuse Professional in the Carle Employee Assistance Program (EAP)
    - b. Document timely completion of a mutually agreed upon treatment plan, and
    - c. Enter into and comply with a last chance agreement. Such employees will be required to pass a drug and/or alcohol test before they return to work.
  3. When appropriate, and at the sole discretion of Carle, additional conditions, such as follow-up testing, may be required. Employees who are found to be in violation of this policy and are permitted to receive treatment in lieu of termination will be required to have all treatment plans, follow-up testing, clearance for return to work and work restrictions coordinated through the EAP Substance Abuse professional, who will act as case manager for all treatment and work reinstatement issues.
  4. Employees possessing, using, buying, selling, transferring, dispensing, manufacturing or transporting legal or illegal drugs or alcoholic beverage while on company time (including paid lunches and rest periods) may be disciplined, up to and including immediate termination, at the sole discretion of Carle.
- G. Fitness for Duty  
Employees are expected to be fit for duty whenever they are on company time and are responsible for notifying their supervisor of any condition, including, but not limited to, side effects from medically authorized prescription drugs, that may impair the employee's ability to perform their job in a safe manner. Please refer to [HR703 - Fit for Duty](#).
- H. Other Misconduct:  
Theft, diversion and other misconduct relating to controlled substances will be dealt with pursuant to [HR632 - Drug Discrepancy and Diversion Management](#) and [HR609 - Employee Discipline and Misconduct](#), and investigation of these situations will be handled by the Diversion Specialist, the Director of Security or designee.
- I. Confidentiality:

Carle will, to the extent required by law, keep confidential positive test results, information provided by the MRO or Carle regarding medical conditions, and information and records relating to the EAP or chemically dependent employees. Such information will be kept in secure files separate from normal personnel files. Such information and records may be disclosed where the subject of the information consents, where disclosure is required by law, to managers and supervisors on a need to know basis, and where a claim, charge, grievance or other proceeding is initiated against Carle or its agents.

J. Non-Discrimination:

Nothing in this policy is intended to change Carle's policy of not discriminating illegally against qualified persons with disabilities, or against persons who have a record of chemical dependency or are erroneously perceived to be chemically dependent. Carle will support and reasonably accommodate chemically dependent employees, who voluntarily seek help for their dependency, provided they do so before becoming subject to discipline under this or other Carle policies.

K. Not a Contract:

This policy is not a contract or guarantee of employment. It does not alter existing at-will relationships between Carle and employees. This policy may be revised, amended, rescinded or replaced at any time, and for any reasons, at the discretion of Carle.

### Procedure

A. **These procedures are guidelines for use by supervisors and managers. They may be revised at any time by Carle, and are not contracts of employment. Note, at Richland Memorial Hospital, the Richland Emergency Department will be utilized in place of Occupational Medicine where "Occupational Medicine" is listed in the procedure guidelines below.**

B. Supervisory Identification:

1. When a supervisor reasonably suspects that an employee is impaired, the supervisor should immediately relieve the employee of duty, question the employee regarding the behavior, appearance or circumstances which are of concern and document the reasons for the suspicion and the employee's responses on the [Documentation of Suspected Substance Misuse form – HR701A \(page 1 & 2\)](#). Once the [Documentation of Suspected Substance Misuse form – HR701A \(page 1 & 2\)](#) is completed, the supervisor should notify Human Resources. Human Resources will then notify Occupational Medicine.
2. If following a discussion with the employee, the supervisor still has reason to believe the employee is impaired, the supervisor should instruct the employee to report to Occupational Medicine to undergo a medical evaluation. If the employee refuses, the supervisor will warn the employee that refusal to test may result in disciplinary action up to and including termination. If the employee persists in their refusal, arrangements for the employee's safe transportation home should be made according to the procedures found below.

C. Arrangement for Medical Evaluation:

1. The supervisor will notify Human Resources that an employee is suspected of substance misuse and recommends a medical examination. During evenings and weekends, the supervisor will contact the Human Resources management representative on call. The manager should call the communication center to page the HR management representative on call to discuss and make arrangements.
2. At any time, the supervisor will call Security to escort the employee to Occupational Medicine or the supervisor may transport the employee to Occupational Medicine. During evenings and weekends, the employee's management representative may escort the employee, along with Security, to the Emergency Department upon their arrival at the facility. The escort will hand carry the completed [Documentation of Suspected Substance Misuse form – HR701A \(page 1 & 2\)](#) report to the examining physician or other appropriate Occupational Medicine personnel. The supervisor escorting the employee may choose to ask Security to accompany them if circumstances so warrant.
3. If the employee is at an off-site location, the supervisor will notify Human Resources or the HR Management Representative on call that an employee needs to be sent for evaluation. When possible, a supervisor or manager will accompany the employee to the Occupational Medicine Department and hand carry the [Documentation of Suspected Substance Misuse form – HR701A \(page 1 & 2\)](#) report. If a supervisor or manager is not available to escort the employee, the [Documentation of Suspected Substance Misuse form – HR701A \(page 1 & 2\)](#) report will be faxed to the Occupational Medicine department at 217-383-3519 and safe transportation will be provided, at Carle expense, via taxi, Hospital Security or Arrow Ambulance.
4. Employees who refuse to accept arrangements for safe transportation from the facility will be advised that should they attempt to drive their vehicle, the Police Department will be notified and they may be arrested. Carle Security will be contacted if the employee still refuses arrangements for safe transportation. The Security staff will contact the appropriate law enforcement agency immediately if the employee proceeds to operate their vehicle.

D. Confidentiality:

The supervisor, Human Resources, or Occupational Medicine staff member will try to make arrangements that will permit the employee to be escorted directly to an examination room or private waiting area and will attempt to ensure that all aspects of the medical examination, medical history questionnaire and testing procedure are as private and confidential as reasonably practical.

E. Medical Examination:

The examining medical provider will review the information provided on the [Documentation of Suspected Substance Misuse form – HR701A \(page 1 & 2\)](#) and perform an examination, including medical history, to determine whether there are medical reasons for the behavior or appearance noted. When appropriate, the provider may also ask the employee to submit to a psychiatric examination as well.

F. Medical Determination:

The provider will take one of the following actions:

1. If there is **evidence of a medical or psychiatric condition** which has precipitated the behavior, appearance or circumstances that led the supervisor to suspect impairment and the provider **concludes that it is unlikely the condition will adversely affect the employee's ability to perform** assigned work, the provider will notify Human Resources of the employee's return to work.
  - a. The provider will complete the attached [Medical Provider Statement – HR701A \(page 3\)](#) form and give it to the Occupational Medicine staff who will forward it in a sealed confidential envelope to the Vice President of Human Resources or their designee on the next working day.
2. If there is **evidence of a medical or psychiatric condition** which has precipitated the behavior, appearance or circumstances which led the supervisor to suspect impairment and the provider feels that the **condition may adversely affect the employee's ability to perform** the assigned work, the provider will notify Human Resources, give the employee a release from work and discuss appropriate medical/psychiatric follow-up with the employee.
  - a. The provider will complete the attached [Medical Provider Statement – HR701A \(page 3\)](#) form and give it to the Occupational Medicine staff who will forward it in a sealed confidential envelope to the Executive Vice President and Chief Human Resources Officer or their designee on the next working day.
3. If the **provider concurs with the supervisor's** suspicion of impairment and can find **no evidence of a medical or psychiatric condition**, the provider will direct the employee to cooperate in testing of their urine or breath for alcohol or drugs according to Carle policy.
  - a. If the employee consents to testing, such testing will occur immediately upon completion of the medical evaluation and signing of the consent form and will be conducted by the Occupational Medicine staff member.
  - b. The provider will complete the attached [Medical Provider Statement – HR701A \(page 3\)](#) form and give it to the Occupational Medicine staff member who will forward it in a sealed confidential envelope to the Executive Vice President and Chief Human Resources Officer or their designee on the next working day.

G. Drug Testing Procedures:

1. Urine specimens shall be collected in Occupational Medicine. Specimens shall be collected in private unless there is a reason to believe the employee is tampering or may tamper with the collection. There shall be a chain of custody from the point of collection through testing. Split specimen collection will be done. Testing of the second specimen will be done at the employee's request. Such testing, if performed, will be done by an outside lab and at the employee's expense.
2. Collected urine specimens shall be tested for evidence of drug use by a NIDA certified lab. Specimens shall be tested for marijuana, PCP, amphetamines, opiates, cocaine and such other controlled substances as may be indicated.
3. The laboratory shall transmit test results to a medical review officer ("MRO") retained by Carle. The MRO shall offer persons with positive test results a reasonable opportunity to rebut or explain these results. Employees with positive results may notify the MRO if they wish to have their split specimen analyzed by another federally-certified lab. Carle will give appropriate consideration to the results of any split-sample test, but will not delay acting on the basis of any positive test result the MRO verifies, pending receipt of split specimen test results.
4. The MRO shall disclose verified and split specimen test results to the Executive Vice President and Chief Human Resources Officer, or their designee.

H. Alcohol Testing Procedures:

Employees subject to alcohol testing shall be required to provide a breath specimen to a Breath Alcohol Technician. The specimen shall be tested by trained breath testing technicians using federally-approved evidential breath testing devices. If an employee's measured alcohol concentration is .02 or more, the employee shall be required to provide an additional breath specimen 15-30 minutes later for confirmation testing. When

necessary, employees who fall under the Department of Transportation regulations will have their results defer to the Department of Transportation Standard.

I. Refusal of Testing:

If the employee refuses to submit to testing, the employee will be informed by the Occupational Medicine staff member that such refusal may be grounds for discharge, and asked to sign a form documenting the refusal to submit to testing. Arrangements will then be made for safe transportation of the employee.

J. Transportation:

Upon completion of testing or refusal of an employee to submit to testing, the employee will arrange safe transportation from the facility or will be provided transportation by Occupational Medicine, at Carle's expense, via taxi, Hospital Security, or Arrow Ambulance service.

K. Suspension:

Employees who have submitted to an alcohol/drug test and those who have been asked to submit to such testing, but have refused, may be suspended until they are contacted by their supervisor or by Human Resources.

L. Disciplinary Action:

1. The employee's supervisor will contact the Executive Vice President and Chief Human Resources Officer or designee to discuss the suspected substance misuse when it is reasonably practical to do so. Upon receipt of the results of the medical examination and drug and/or alcohol tests, the Executive Vice President and Chief Human Resources Officer or designee and the employee's supervisor will review the facts of the situation and any disciplinary action deemed appropriate will be taken.
2. Likewise, any disciplinary action for refusal to submit to the examination and testing will be taken following discussion between the Executive Vice President and Chief Human Resources Officer or designee and the employee's supervisor.

**Other Related Links**

[AD211 - Workers' Compensations & Employee Work-Related Incident Reporting](#)

**References** N/A

**Electronic Approval on File**

# HR701A - SUPERVISOR AND MEDICAL PROVIDER FORMS

## DOCUMENTATION OF SUSPECTED SUBSTANCE MISUSE/BEHAVIORAL HEALTH ISSUES

Employee Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

### **OBSERVATION CHECKLIST:** (to be completed by Supervisor)

- |                                 |  |  |   |
|---------------------------------|--|--|---|
| <b>Demeanor</b>                 | <input type="checkbox"/> sleepy/lethargic                            | <input type="checkbox"/> giddy/laughing      | <input type="checkbox"/> confused                     |
| <input type="checkbox"/> normal | <input type="checkbox"/> talkative                                   | <input type="checkbox"/> crying              | <input type="checkbox"/> threatening                  |
|                                 | <input type="checkbox"/> hostile                                     | <input type="checkbox"/> excited             | <input type="checkbox"/> violent/abusive              |
|                                 | <input type="checkbox"/> quarrelsome                                 | <input type="checkbox"/> anxious/nervous     |   |
| <b>Actions</b>                  | <input type="checkbox"/> violent/abusive                             | <input type="checkbox"/> erratic             | <input type="checkbox"/> threatening                  |
| <input type="checkbox"/> normal | <input type="checkbox"/> fighting                                    | <input type="checkbox"/> hyperactive         | <input type="checkbox"/> asleep/unconscious           |
|                                 | <input type="checkbox"/> resisting                                   | <input type="checkbox"/> sudden mood         |   |
| <b>Speech</b>                   | <input type="checkbox"/> shouting/loud                               | <input type="checkbox"/> silent              | <input type="checkbox"/> whispering                   |
| <input type="checkbox"/> normal | <input type="checkbox"/> slow  | <input type="checkbox"/> rambling/incoherent |   |
|                                 | <input type="checkbox"/> slurred                                     | <input type="checkbox"/> profane             |   |
| <b>Posture/Walking</b>          | <input type="checkbox"/> stumbling                                   | <input type="checkbox"/> staggering          | <input type="checkbox"/> falling                      |
| <input type="checkbox"/> normal | <input type="checkbox"/> swaying                                     | <input type="checkbox"/> unsteady            | <input type="checkbox"/> holding                      |
| <b>Movements</b>                | <input type="checkbox"/> fumbling                                    | <input type="checkbox"/> jerky               | <input type="checkbox"/> slow                         |
| <input type="checkbox"/> normal | <input type="checkbox"/> nervous                                     | <input type="checkbox"/> hyperactive         |   |
| <b>Eyes</b>                     | <input type="checkbox"/> bloodshot                                   | <input type="checkbox"/> watery              | <input type="checkbox"/> closed                       |
| <input type="checkbox"/> normal | <input type="checkbox"/> glassy                                      | <input type="checkbox"/> droopy              | <input type="checkbox"/> difficulty tracking/focusing |
| <b>Face</b>                     |  |  |   |
| <input type="checkbox"/> normal | <input type="checkbox"/> flushed                                     | <input type="checkbox"/> pale                | <input type="checkbox"/> sweaty                       |
| <b>Appearance</b>               | <input type="checkbox"/> dirty                                       | <input type="checkbox"/> messy               | <input type="checkbox"/> stains on clothing           |
| <input type="checkbox"/> normal | <input type="checkbox"/> partially dressed                           |  |   |
| <b>Breath/Hands/Hair</b>        | <input type="checkbox"/> alcohol odor                                | <input type="checkbox"/> marijuana odor      | <input type="checkbox"/> faint alcohol odor           |
| <input type="checkbox"/> normal | <input type="checkbox"/> odors masked by cologne/mints/tobacco/other |  |   |

### **Other Observations:**

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Does the employee appear to be under the influence of drugs and/or alcohol?

yes       no       uncertain

Does there appear to be behavioral health issues?

yes       no       uncertain

In your opinion and based on the above information, should the employee be sent for "fit for duty" evaluation?

yes       no       uncertain

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

## MEDICAL PROVIDER STATEMENT – REASONABLE SUSPICION

(For completion by Occupational Medicine or Medical Provider)

**Employee's Name:** \_\_\_\_\_

**Instructions:** Please check the appropriate box(es) below and forward this form, the "Documentation of Suspected Substance Misuse/Behavioral Issues", and consent/refusal form confidentially to the Director of Human Resources or designee.

**Medical Provider Statement:** I have reviewed the "Documentation of Suspected Substance Misuse/Behavioral Issues" form completed by the employee's supervisor, taken a medical history and performed a medical examination of the employee. My findings are as follows:

This employee has a medical condition which is the apparent cause of the suspect actions, speech, appearance, conduct, odors or circumstances. An alcohol/drug test is not warranted.

The employee is fit for duty and may return to work immediately: \_\_\_\_\_ Yes      \_\_\_\_\_ No

The actions, speech, appearance, conduct, odors or circumstances of this employee were reviewed, a medical history taken, and an examination performed.

Additional information is needed.

An alcohol/drug test is recommended.

Other additional testing is also needed prior to making a recommendation on "fit for duty" status.

Comments:

\_\_\_\_\_  
Medical Provider Signature

\_\_\_\_\_  
Date



## MEDICAL PROVIDER STATEMENT – POST ACCIDENT

(For completion by Occupational Medicine or Medical Provider)

**Employee's Name:** \_\_\_\_\_

**Instructions:** Please check the appropriate box(es) below and forward this form and consent/refusal form confidentially to the Director of Human Resources or designee.

**Medical Provider Statement:** I have performed a medical examination of the employee and facilitated the drug/alcohol testing for one of the following situations:

- Any work-related accident where medical attention is necessary but **excluding** needlestick, bloodborne pathogen, and infectious disease incidents
- Any vehicle accident while in the course of work

My findings are as follows:

( ) The actions, speech, appearance, conduct, odors or circumstances of this employee were reviewed, a medical history taken, and an examination performed.

( ) The employee is fit for duty and may return to work immediately: \_\_\_\_\_ Yes      \_\_\_\_\_ No

( ) Additional information is needed.

( ) Other additional testing is also needed prior to making a recommendation on "fit for duty" status.

Comments:

\_\_\_\_\_  
Medical Provider Signature

\_\_\_\_\_  
Date

**AGREEMENT TO SUBMIT TO A MEDICAL ASSESSMENT AND/OR DRUG AND/OR ALCOHOL SCREEN TESTS AND AUTHORIZATION FOR THE RELEASE OF RECORDS AND RESULTS**

As an employee of Carle, I understand that the use of drugs, alcohol and other controlled substances in the workplace creates a safety concern for all employees. In the interest of creating a safe working environment, I hereby give my consent for Carle to conduct the drug and alcohol tests or medical assessment it considers necessary as outlined in Carle Policy HR 701 – Alcohol and Drug Misuse.

I authorize Carle to take the necessary specimens from me to test for drugs, alcohol and other controlled substances, and I authorize laboratory or medical personnel retained by Carle for these tests to release the results to Carle. I release the laboratory or medical personnel conducting the assessment or tests, Carle, and Carle’s employees, directors, officers and successors from any liabilities, claims and causes of action, known or unknown, contingent or fixed, that may result from these tests.

I understand that the costs of the assessment and testing will be paid by Carle and that I have a right to refuse the assessment and testing. I understand, however, that my refusal to submit to the assessment or testing are grounds for disciplinary action up to and including termination of my employment.

I also understand that by signing this agreement, I am authorizing the release of the results of the assessment and any drug or alcohol tests conducted to the Director of Human Resources of Carle (or designee) and such other Carle officials and employees as the Director of Human Resources or designee may deem to have a need for such information.

I understand that I may be suspended without pay until the test results have been completed and I have been contacted by Human Resources. I understand that the information so released will be used to determine if I am fit to perform my job duties and if I have violated Carle’s drug/alcohol misuse policy. I further understand that violation of these policies is grounds for disciplinary action up to and including termination of my employment.

Upon signing the Agreement form, I understand that I may contact Human Resources for information or discussion.

I do fully understand that by signing below, I am consenting to a medical assessment and alcohol and/or drug testing and the release of medical records and test results as outlined above.

_____ Employee Signature	_____ Date
_____ Witness Signature	_____ Date
_____ Witness Signature	_____ Date

## REFUSAL TO SUBMIT TO MEDICAL ASSESSMENT AND DRUG AND/OR ALCOHOL SCREEN BY URINE, BREATH OR BLOOD TESTS

I hereby refuse to participate in a medical assessment and do not authorize testing of my urine, breath or blood for drugs or alcohol as outlined in Carle Policy HR 701 – Alcohol and Drug Misuse. I understand that my refusal will be considered insubordination which will result in my immediate suspension without pay and upon further investigation, discipline up to and including termination.

Upon signing the Refusal form, I understand that I may contact Human Resources for information or discussion.

_____ Employee Signature	_____ Date
_____ Witness Signature	_____ Date
_____ Witness Signature	_____ Date

## **SUPERVISORY STEPS**

### **SUSPECTED ALCOHOL OR DRUG MISUSE/BEHAVIORAL HEALTH ISSUES**

1. Contact Human Resources for guidance or assistance at any part of the process whenever desired.
2. Upon notification or direct observation of suspected alcohol or drug impairment, promptly and discreetly relieve the employee from duty.
3. Promptly interview the employee, preferably with another supervisor or Human Resources. Document the circumstances and your observations on the attached "Documentation of Suspected Misuse/Behavioral Health Issues" form.
4. If, after the interview, you believe the employee may be impaired by drugs or alcohol or have a behavioral health issue ask the employee to submit to a medical assessment. Have the employee complete the appropriate documentation, i.e., "Agreement to Submit" or "Refusal to Submit."
5. If the employee agrees to the examination, promptly contact Human Resources (a management representative is on call at 800-702-4909 or through the Communications Center) who will review and make arrangements with the Occupational Medicine\* Department at (217) 383-3229 or the Occupational Medicine staff member on call at (217) 383-3313 through the Emergency Department or Communications.
6. If the employee refuses, they should be suspended and sent home (see point 7 below regarding safe transportation). Provide Human Resources with all information and necessary documentation as soon as possible.
7. The manager should promptly escort the employee to the back door of the Occupational Medicine Department or make arrangements for the safe transportation, at Carle's expense, via taxi, Clinic Security or Arrow Ambulance Service. If the employee refuses transportation and attempts to drive their own vehicle, advise them that should they attempt to drive their own vehicle, the local police department will be notified and they may be arrested. If the employee still refuses arrangements for safe transportation, notify Clinic Security at 383-3122 (or branch management if off-site). The Security staff or branch management will contact the appropriate law enforcement agency immediately if the employee proceeds to operate their vehicle.
8. Hand carry the completed "Documentation of Suspected Substance Misuse/Behavioral Health Issues" form and "Agreement to Submit" form to Occupational Medicine or fax them to the Occupational Medicine Department at 383-3519. Branch locations will have identified medical providers to receive the forms and perform the exam.
9. Contact Human Resources with all necessary documentation immediately or as soon as possible on the next business day.
10. Update staffing plans to reflect the tested employee's absence for several days. Human Resources will contact the manager to provide an update on the evaluation results.
11. Remember to maintain appropriate confidentiality and to instruct other employees involved in the investigation to maintain confidentiality also.

Refer to Policy HR 701 Drug and Alcohol Misuse for more detailed information.

*\*Branch locations will have identified medical providers who will take on this role and responsibility.*