



UNIVERSITY POLICY

SUBJECT:	HUMAN RESOURCES	TITLE:	EMPLOYEES WITH IMPAIRMENTS		
CATEGORY: Check One	Board of Trustees <input type="checkbox"/>	Presidential <input checked="" type="checkbox"/>	Functional <input type="checkbox"/>	School/Unit <input type="checkbox"/>	
Responsible Executive:	Vice President for Human Resources		Responsible Office:	Human Resources	
CODING:	00-01-30-45:00	ADOPTED:	4/01/89	AMENDED:	05/26/09
				LAST REVIEWED: 05/26/09	

I. PURPOSE

To set policy that: (1) addresses the behavioral issues associated with impaired employees; (2) provides assistance to impaired employees; and (3) protects the health and safety of patients, students and employees of the University.

II. ACCOUNTABILITY

The Vice President for Human Resources and the Deans shall be responsible for ensuring compliance with this policy under the direction of the President. For staff, all managers/supervisors shall be responsible for implementing this policy in collaboration with Labor Relations, and ensuring staff appearing to need assistance are referred to the Employee Assistance Program (EAP). For faculty and housestaff, Department Chairs, Graduate Medical Education (GME) and Graduate Dental Education (GDE) Directors or Associate Deans, respectively, as the supervisors, shall be responsible for implementing this policy and ensuring availability and provision of assistance to those faculty and housestaff needing assistance.

III. DEFINITION

An impaired employee is a staff member, faculty member or housestaff officer (intern, resident or clinical fellow) who is unable to participate within the University environment and perform his/her job duties with requisite skill and safety. This impairment may be due to alcohol and/or drug dependency, mental and/or emotional disorder, or other medical disorders. Signs and symptoms of such impairment could include, but are not limited to a pattern of the following:

- Unusual or inappropriate behavior
- Negative changes in performance of assigned duties
- Frequent or unexplained absences and/or tardiness from duties
- Frequent or unexplained illnesses, injuries or accidents
- Conduct which may constitute violations of law, including citations for driving while impaired
- Significant inability to contend with routine difficulties and to act to overcome them

See also EXHIBIT A, Employee Problem Behavior Checklist and EXHIBIT B, Indications of Impairment.

IV. REFERENCES

- A. Drug-free Environment [00-01-10-60:00](#)
- B. Employee Assistance Program [00-01-30-45:05](#)

C. Individuals with Handicaps/Disabilities [00-01-35-40:00](#)

D. Medical/FMLA Policy [30-01-40-40:00](#)

V. POLICY

A. Requirements:

This policy applies to all employees, whether temporary, regular, full or part-time. It addresses the behavior of impaired employees and the employee's ability to perform his/her job, including attendance. Physical and mental disorders and alcohol and other drug abuse are often treatable and it is the policy of the University to assist impaired employees (as defined above) in obtaining treatment.

1. Supervisors shall advise employees whose conduct may be due to an impairment of the University policy, Individuals with Handicaps/Disabilities, 00-01-35-40:00. It shall be the employee's responsibility to comply with such policy with regard to requests for accommodation.
2. Impairment of employees due to substance abuse and other forms of mental and physical disorders may adversely affect aspects of the University's missions. Conduct related to impairment may be sufficient grounds for disciplinary action, including dismissal, and may require immediate action to protect the health and safety of others. The University's concern regarding impairment is not, however, limited to its effects on the employee's ability to perform his/her job and/or attendance on the job. In some cases, conduct off duty may result in an employee being removed from work temporarily or permanently if such conduct may affect the employee's ability to perform his/her job in a safe and efficient manner. In the event that an impairment poses a risk for patient care, clinical practice privileges and clinical duties shall be suspended immediately pursuant to existing University procedures.
3. The University makes available trained professionals to provide counseling to help impaired employees; employees who have an impairment which is affecting their performance and/or attendance are encouraged to seek assistance through the University's Employee Assistance Program (EAP). Supervisors will make referrals to the EAP based on observation and/or documented unsatisfactory performance and/or attendance. Health-care practitioners may also be referred to the Professionals' Assistance Program of New Jersey. In cases where a leave of absence is recommended by a diagnostician or counseling agent, a leave may be granted for treatment or rehabilitation on the same basis as is granted for other health problems. Refer to the Human Resources Medical/FMLA policy, 30-01-40-40:00.
4. The Employee Assistance Program in no way diminishes the University's right to impose discipline. If a staff member violates University work rules or policies, participation in the Employee Assistance Program will not serve as a defense, nor mitigate the circumstances of the offense. Neither the availability of this program, nor participation therein will serve to absolve staff members of their responsibility.
5. Any grievances regarding this policy by unionized employees will be handled in accordance with the applicable collective bargaining agreement.
6. The University's goal is to provide a drug-free workplace and to comply with the Drug-Free Workplace Act (see University policy, Drug-Free Environment, 00-01-10-60:00).

B. Responsibilities:

Supervisors/Managers, Department Chairs, and GME/GDE Directors or Associate Deans will be responsible for the following:

1. implementing this policy and ensuring that all reasonable efforts are made to assist employees in overcoming an impairment affecting the safe and effective performance of job duties; ensuring employees are aware of relevant policies; supervisors may consult with Labor Relations.
2. the timely identification and documentation of impaired work performance or conduct and performance which deteriorates from acceptable to unacceptable; refer to Employee Problem Behavior Checklist (EXHIBIT A) and Indications of Impairment (EXHIBIT B).
3. implementation of corrective or disciplinary actions; and
4. maintaining the confidentiality of information and protecting the employee's privacy to the extent possible and permitted by law.

Employees:

1. Employees are expected to be aware of the requirements of this policy. Further, employees are expected to fully cooperate with supervisors and the procedures of this policy;
2. Employees who suspect that a fellow employee's performance may be impaired by drugs or alcohol are expected to bring this matter to the attention of the supervisor, Department Chair or GME/GDE Director or Associate Dean; and
3. It is the employee's responsibility to report to the immediate supervisor any physical or mental impairment which may be the result of illness or injury or the use of a chemical substance which could adversely affect his/her ability to perform job duties. Employees shall also report to their supervisor the temporary use of any prescription or over the counter medication if it may in any way cause impairment in job performance.

VI. PROCEDURES

- A. If a supervisor, including a Department Chair or GME/GDE Director or Associate Dean, believes that an employee has either reported to work in an unfit condition or has become unfit during the course of the shift, the following procedure shall be followed:
 1. The supervisor, Department Chair or GME/GDE Director or Associate Dean shall immediately remove the employee from the work area to a private area and call another supervisor.
 2. The supervisors shall jointly try to determine the reason for the employee's apparent inability to safely and adequately perform work duties. If another supervisor is not available, the supervisor shall be responsible for such determination. The campus Employee Health/Occupational Medicine Service may be consulted in making this determination.
 3. The supervisor(s) shall document the observed behaviors which have given them reasonable cause to believe the employee is impaired or unfit for duty.
 4. The supervisor shall promptly consult with the campus Labor Relations manager in the Department of Human Resources concerning the matter and any disciplinary measures that may apply as soon as practicable; the Department Chair or GME/GDE Director or Associate Dean shall similarly consult with the Dean.
 5. If it is determined that the employee is unfit to work, the supervisor shall call a family member to transport the employee home or send the employee home in a taxi at the employee's expense.

6. Under no circumstances is the employee permitted to drive home. If the employee refuses assistance in getting home, the supervisor shall notify Public Safety that the employee is preparing to operate a motor vehicle.
- B. There shall be no mandatory, routine use of urine or blood testing for drugs. However, where there is reason to believe that an impairment is the result of substance abuse, the University reserves the right to take disciplinary action or other action as may be deemed appropriate to protect the health and safety of patients, students, and other employees. Drug testing may also be recommended to help rule out the existence of a substance abuse problem. Drug testing may be required to verify a drug-free state during treatment and as part of the follow-up and monitoring after the conclusion of formal therapy.
- C. The employee will be approved to return to work at the sole discretion of the University.

VII. EXHIBITS

- A. Employee Problem Behavior Checklist
- B. Indications of Impairment

By Direction of the President:

Vice President for Human Resources

EXHIBIT A

Employee Problem Behavior Checklist (Adopted from the UBHC Employee Assistance Program)

Absenteeism

	Frequent unauthorized absences
	Excessive sick days
	Often absent on Mondays and Fridays
	Excessive tardiness, especially on Mondays
	Frequent use of unscheduled vacation days to cover absence
	Leaving work early
	Peculiar and improbable excuses for absences
	Higher absentee rate than other employees for colds, flu, etc.
	Frequent unscheduled short-term absence (with or without medical explanation)

On-Job Absenteeism

	Frequently absent from work area for more time than is acceptable
	Late returning from breaks, lunch or dinner
	Frequent trips to water fountain or rest room

High Accident Rate

	Accidents on job
	Accidents off the job which affect job performance
	Peculiar accidents on and off the job

Changes in Personal Habits

	Reporting to work in other than normal condition
	Returning from lunch or dinner in an "altered state"
	Declining attention to personal hygiene
	Deteriorating personal appearance

Poor Job Performance

	Frequently missed deadlines
	Complaints from other co-workers about work
	Improbable excuses for poor job performance
	Wasting materials
	Alternate periods of high and low productivity
	Forgets instructions, details, deadlines, etc.
	Doesn't handle complex assignments
	Jobs take longer than necessary to complete

Poor Interpersonal Relationships on the Job

	Over-reaction to criticism
	Wide swings in mood (up and down)
	Borrowing money from co-workers
	Complaints from co-workers
	Unrealistic resentments
	Avoidance of associates (loner)
	Increasingly argumentative with co-workers

EXHIBIT B

Indications of Impairment

(Adopted from the UBHC Employee Assistance Program)

Physical Appearance

Impaired coordination, unsteady gait, staggering, poor balance
Tremors, shakiness, dizziness, seizures
Impaired muscular control, poor performance of motor skills
Bloodshot eyes, watery eyes, constricted pupils
Excessive sweat, chills, nausea
Abnormal drowsiness, "nodding off," excessive fatigue
Blank expression, unresponsive
Apparent odor of alcohol on breath
Inappropriate or bizarre dress, neglect of personal appearance or hygiene

Unusual/Abnormal

Markedly poor judgment, impulsiveness
Carelessness, neglect of safety procedures
Marked anxiety, agitation, panic
Mood swings, erratic behavior
Apathy, lethargy, depression, despondency, suicidal thinking
Excessively talkative, active, appearance of being elated, euphoric "high"
Slurred speech
Over reactive (verbally or physically), overly boisterous, irritable, argumentative, quarrelsome, belligerent, threatening, combative, assaultive

Cognitive (Mental) Factors

Distracted, inability to focus or concentrate
Memory deficits, lapses, forgetfulness
Excessive daydreaming, brooding, preoccupied
Incoherent, disoriented, confused
Diminished level of consciousness, "out of touch"
Impaired communications
Hallucinations
Marked suspiciousness, feeling of persecution