

Procedures for Reasonable Suspicion of Drug or Alcohol Impairment on the Job (Non-DOT)

Pursuant to the University Policy on Alcohol and Other Drugs (Employee Policy), policy No. 07.16.00, CSU Pueblo employees may not report to work or be at work while impaired by alcohol or drugs, even those lawfully prescribed, as determined under a reasonable suspicion standard. These procedures should be followed whenever an employee is reasonably suspected of impairment at work.

Anyone may report suspected impairment of an employee to the employee's supervisor or higher authority. If a volunteer or the employee of a contractor is impaired while on CSU Pueblo property and/or participating in a CSU Pueblo activity or event, a supervisor who receives such report shall take reasonable actions to remove the volunteer or contract employee from CSU Pueblo's property and/or activity or event.

If an employee suspects impairment of their own supervisor, the employee should advise the next higher level authority. Any person reporting suspected impairment is protected from retaliation in accordance with Colorado whistleblower and retaliation laws.

An employee's supervisor who receives a report or observes the employee and believes the employee to be impaired by alcohol or drugs must immediately take action to determine whether or not the person is impaired, as explained below. Police or emergency personnel should be called immediately if the employee appears violent, verbally abusive, or threatening, appears to be having a medical emergency, or requests immediate medical assistance. If police or emergency personnel are not warranted, the supervisor should refer to the **Reasonable Suspicion of Drug or Alcohol Impairment Checklist (Non-DOT)** (the "Checklist") and proceed as follows.

Checklist Section A

Record the required information. *If the employee works in a position subject to the DOT/Federal Motor Carrier Safety Administration (FMCSA) regulations (i.e., a commercial driver), contact the **Associate Athletic Director immediately at 719-252-8283** for assistance.*

Checklist Section B

Assess the situation to determine whether to call 911.

Checklist Section C

Step 1: Obtaining an observer: This person should be another supervisor (preferably within the same chain of command, however, a manager or supervisor from another unit may be engaged if necessary), a person of higher authority, or a Human Resources representative.

Step 2: It is important to maintain confidentiality to the greatest extent possible under the circumstances. Your meeting with the employee should occur outside of immediate sight and hearing of others to the greatest extent possible. The responsible observer should be cautioned that the matter is to be held as confidential except for the necessary administrators such as those in Human Resources.

Step 3: You should remain calm, respectful, and firm during all interactions with the employee. Asking the employee if they are under the influence of drugs or alcohol should be done in a non-accusatory manner.

Step 4: Determine whether the employee requires medical assistance, either at the employee's request, or because your observations are that the employee may be in danger due to severe intoxication. When in doubt, call 911.

Step 5: The employee must stop working until you have made your determination as to whether they are drug or alcohol impaired.

Step 6: Observe the employee carefully and check your observations with the observer. Check all the boxes that apply and write down any other observations that don't have a checkbox. Your recorded observations must be **specific**,

multiple (2 or more), and articulable (able to be described clearly in writing). If only one of the listed behaviors is present, this is not enough to conclude that the employee is impaired, unless the employee admits to being impaired or was directly observed by the supervisor using or alcohol or drugs at, or prior to, work. Once you have completed this section of the checklist, you should make the determination whether or not the employee appears to be drug or alcohol impaired. If you conclude that the employee does not appear to be impaired based on the observed behaviors and is safe to return to work, that should conclude the process. If you are uncertain, you may decide to send the employee home for the day (on Administrative Leave with Pay) and meet with the employee when they return to work on the next scheduled work day to ensure that the employee is not then impaired. If you are reasonably convinced that the employee does appear to be impaired based on your recorded observations, proceed to Step 7.

Step 7: After a finding of reasonable suspicion of impairment, the employee must find transportation home; they cannot be allowed to drive or otherwise leave in an unsafe manner. Biking is also unsafe when impaired. The employee may call a friend or relative or take other private transportation at their own expense. If the employee insists on leaving in an unsafe manner, it is the supervisor's responsibility to call the police (911).

Step 8: Employees are expected to return to work for their next scheduled workday or shift unless they are medically unable to do so (according to a written note from a medical provider) or unless otherwise instructed by their supervisor. An employee who returns to work while impaired cannot be allowed to remain and must be sent home in a safe manner (as described above). If this occurs, or if the employee fails to report for work as scheduled, appropriate corrective or disciplinary action should follow in accordance with University and departmental policies and procedures. When the employee returns to work, the supervisor should meet with the employee to assure that they are not impaired. Supervisors are expected to address the violation of the Alcohol and Other Drugs Policy as appropriate. *If the employee is a commercial driver under the FMCSA regulations, a different procedure applies; contact Associate Athletic Director immediately at 719-252-8283 as soon as possible when the reasonable suspicion of impairment arises.*

Step 9: Employees whose drug or alcohol use interferes with their ability to safely perform their jobs may be in need of professional help. Please make employees aware of the Colorado State Employee Assistance Program (CSEAP) and encourage them to [contact the CSEAP](#).

Checklist Sections D-E:

At the conclusion of the interview, the Checklist should be marked with the date and time and then signed by the supervisor, the employee, and the Responsible Individual observer. The employee is asked to check one of the boxes to indicate whether they admit to or deny being impaired. The supervisor should explain that violation of the Alcohol and Other Drugs policy subjects the employee to corrective action or disciplinary action in accordance with the applicable state and university policies and procedures for that employee. At any time during this process, you may call Human Resources (719-549-2441) for additional guidance. The Checklist will be placed into the employee's personnel file.

Contacts:

PCSO/Medical Emergency: **911 or 719-549-2373**

Human Resources: 719-549-2441

Associate Athletic Director 719-252-8283 (for DOT-regulated positions)

Office of the General Counsel: 719-549-2130

**REASONABLE SUSPICION OF ALCOHOL OR DRUG IMPAIRMENT CHECKLIST (Non-DOT)
CONFIDENTIAL**

Pursuant to the Alcohol and Other Drugs Policy (Employees), this checklist is to be used to document an instance in which a supervisor reasonably suspects that an employee is impaired by alcohol or drugs while on the job. Guidance on using this checklist is in the Procedures for Reasonable Suspicion of Drug or Alcohol Impairment (Non-DOT) ("Procedures"). If the person suspected of impairment is a CSU Pueblo student, this policy does not apply; see the Student Code of Conduct. Any employee reasonably suspected of being impaired by alcohol or drugs at work must be temporarily relieved of duties until it is shown that they may safely return to work.

This form must be completed at the time that a reasonable suspicion of impairment arises.

Section A. Employee Information:

Employee: _____ Department: _____
 Title: _____ Classification: _____
 Supervisor: _____ Title: _____

Is this employee's position covered under the federal Department of Transportation (DOT) regulations for commercial drivers? Yes _____ No _____ ***If yes, contact the Associate Athletic Director immediately at 719-252-8283.***

Section B. Assess the situation:

| If | Then | Note |
|--|------------------------|---|
| Employee appears violent, verbally abusive, or otherwise threatening | Call 911 | Make reasonable efforts to protect yourself and others. Avoid physical confrontation. |
| Employee appears to be having a medical emergency or requests immediate medical assistance | Call 911 | Supervisor should stay with the employee until medical personnel arrive. |
| Neither of the above; employee appears to be impaired by drugs or alcohol. | Complete checklist | Read this checklist to familiarize yourself. Proceed to C. |
| You need assistance with this process | Call HRIE 719-549-2441 | The Human Resources Director or staff can assist you. |

Section C. Go through each of the following steps with the employee. See suggested dialogue *in italics*:

| Step | Action |
|-------------|---|
| 1 | Obtain another Responsible Individual to serve as an observer (i.e., a manager, supervisor, or other person in a position of authority; see Procedures, Section C). |
| 2 | Approach the employee and ask them to meet with you in a private area where a confidential conversation can occur. |
| 3 | Introduction: <i>"I have observed behaviors that lead me to believe you may be impaired in some way." We are going to review the situation together.</i> <i>"Are you under the influence of drugs or alcohol at this time?"</i> Document the employee's answer: |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--|--------------------------|----------------------------------|--------------------------|----------------------------------|--------------------------|-----------------|--------------------------|-------------------|--------------------------|---------------------------------|--------------------------|--------------|--------------------------|----------------------------|--------------------------|--------------------|--------------------------|------------------|--------------------------|-----------------|--------------------------|-------------------|--------------------------|----------------|--------------------------|------------------------------|--------------------------|----------------------|--------------------------|---------|--------------------------|----------------------|--------------------------|-------------------------|--------------------------|------------------|
| | <hr/> <hr/> <hr/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | <p>Ask employee, "Do you need immediate medical assistance?" <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, call 911 as noted above.</p> <p>If no, or no answer: supervisor may independently determine that medical assistance is needed and call 911.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | <p>Work Stoppage: <i>For your safety and the safety of others, you must stop working at this time. I am placing you on Leave Without Pay for the rest of the workday.</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | <p>Supervisor to complete: document all observations</p> <p><i>These are the behaviors I have observed that cause me to suspect that you are impaired (check those that apply):</i></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Observed using alcohol or drugs</td> <td><input type="checkbox"/></td> <td>Observed with drug paraphernalia</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Odor of Alcohol</td> <td><input type="checkbox"/></td> <td>Odor of marijuana</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Admitted using alcohol or drugs</td> <td><input type="checkbox"/></td> <td>Is lethargic</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Dilated/Constricted Pupils</td> <td><input type="checkbox"/></td> <td>Eyes are Bloodshot</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Red, glassy eyes</td> <td><input type="checkbox"/></td> <td>Unable to focus</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Incoherent Speech</td> <td><input type="checkbox"/></td> <td>Slurred speech</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unable to balance/holding on</td> <td><input type="checkbox"/></td> <td>Lack of coordination</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Swaying</td> <td><input type="checkbox"/></td> <td>Weaving or stumbling</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Fumbling/dropping items</td> <td><input type="checkbox"/></td> <td>Fighting/hostile</td> </tr> </table> <p>Other (describe, and <i>be specific</i>): _____</p> <p>_____</p> <p>Note: observations must be specific, multiple, and articulable to support a finding of impairment. A single observation noted above is insufficient unless employee admits to being impaired or was directly observed by the supervisor using drugs or alcohol at, or prior to, work. If employee does <i>not</i> appear to be impaired at this time, they should return to work.</p> <p><i>"Based on my observations, I have concluded that you <input type="checkbox"/> [do] <input type="checkbox"/> [do not] appear to be impaired by alcohol or drugs."</i></p> | <input type="checkbox"/> | Observed using alcohol or drugs | <input type="checkbox"/> | Observed with drug paraphernalia | <input type="checkbox"/> | Odor of Alcohol | <input type="checkbox"/> | Odor of marijuana | <input type="checkbox"/> | Admitted using alcohol or drugs | <input type="checkbox"/> | Is lethargic | <input type="checkbox"/> | Dilated/Constricted Pupils | <input type="checkbox"/> | Eyes are Bloodshot | <input type="checkbox"/> | Red, glassy eyes | <input type="checkbox"/> | Unable to focus | <input type="checkbox"/> | Incoherent Speech | <input type="checkbox"/> | Slurred speech | <input type="checkbox"/> | Unable to balance/holding on | <input type="checkbox"/> | Lack of coordination | <input type="checkbox"/> | Swaying | <input type="checkbox"/> | Weaving or stumbling | <input type="checkbox"/> | Fumbling/dropping items | <input type="checkbox"/> | Fighting/hostile |
| <input type="checkbox"/> | Observed using alcohol or drugs | <input type="checkbox"/> | Observed with drug paraphernalia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Odor of Alcohol | <input type="checkbox"/> | Odor of marijuana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Admitted using alcohol or drugs | <input type="checkbox"/> | Is lethargic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Dilated/Constricted Pupils | <input type="checkbox"/> | Eyes are Bloodshot | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Red, glassy eyes | <input type="checkbox"/> | Unable to focus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Incoherent Speech | <input type="checkbox"/> | Slurred speech | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Unable to balance/holding on | <input type="checkbox"/> | Lack of coordination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Swaying | <input type="checkbox"/> | Weaving or stumbling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Fumbling/dropping items | <input type="checkbox"/> | Fighting/hostile | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | <p>Transportation: <i>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 like me to call you a taxi? Please be advised that if you attempt to drive or ride a bicycle yourself, or otherwise leave in an unsafe manner, I will have to call the police."</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | <p>Return to work: <i>" I am placing you on Administrative Leave With Pay for the rest of the work shift. You are expected to return to work at the beginning of your next scheduled workday/shift if you are not then impaired. If you are unable to return as scheduled, it is your responsibility to contact me in accordance with department procedures. We will need to meet privately upon your return to work so that I can determine if you are fit to return to duty."</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | <p>Closing: <i>"Also be aware that you can contact the Employee Assistance Program at 1-844-493-TALK (8255) for confidential counseling or referral, if you desire, and I encourage you to do so."</i></p> <p><i>Before you leave today, we will sign this document outlining what we have discussed and I will provide you with a copy." (If employee declines to sign, the supervisor should note this below).</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Section D. Date/Time/ Location:

Date _____ and Time _____ of Incident Location: _____

Section E. Additional Information or Comments:

Signatures

I, the undersigned Employee, state that (*initial one*):

____ I **agree** that I am impaired by drugs or alcohol at this time.

____ I **deny** that I am impaired by drugs or alcohol at this time.

Employee Signature: _____ **Date:** _____ **Time:** _____

Employee Name (print) _____

Supervisor Signature: _____ **Date:** _____ **Time:** _____

Supervisor Name (print) _____

If **employee** was unable or unwilling to sign, note here: _____

Observer Signature: _____ **Date:** _____ **Time:** _____

Observer Name (print) _____