



UPHP

Worksite Liaison Acknowledgment of Participation

EMPLOYMENT INFORMATION

Employer Name: _____
Employer Address: _____
Employment Start Date: _____
Participant Position: _____

CONTRACT REQUIREMENTS

Monthly/Quarterly Reporting Monthly Quarterly
Controlled Substance Access Restricted Unrestricted N/A
Hours Restrictions Restricted Unrestricted
Other Restrictions: _____

Participant Information (Please Print)

Name: _____
Title/Position: _____
Phone: _____
Email Address: _____

I designate the individual named on this document as my worksite liaison, and verify that I have reviewed my UPHP Program Contract with them.

Signature: _____

Date: _____

_____ I have reviewed the Supports and Reports sheet with my worksite liaison.

Worksite Liaison Information (Please Print)

Name: _____
Title/Position: _____
Phone: _____
Email Address: _____

I verify that the individual named on this document has reviewed their UPHP Program Contract with me.

Signature: _____

Date: _____

_____ I have reviewed the Supports and Reports sheet with this UPHP participant.



Thank you for choosing to be a Worksite Liaison for the Utah Professionals Health Program. UPHP is an alternative to public discipline for healthcare professionals with Substance Use Disorders. Our goal is to support participants as they reintegrate at work and provide continued monitoring to ensure public safety.

As a UPHP Worksite Liaison we ask that you help our participant in 2 ways: Supports and Reports

SUPPORTS

Toxicology Testing: UPHP participants are required to submit to random toxicology testing. We encourage participants to discuss with you ahead of time how testing will be handled on a work day, especially when work hours overlap with the hours that collection sites are open.

Controlled Substance Restrictions: Some participants will have restricted access to controlled substances. These restrictions are in place to support participants' recovery. Participant's with CS restrictions should not be given access until this restriction is lifted by UPHP.

Hours Restrictions: Some participants will have restricted work hours or be asked to re-enter work part-time. Ensuring a participant adheres to hour restrictions is supporting their recovery.

Amendments: If UPHP authorizes adjustments to controlled substance restrictions, hours restrictions, or other work place restrictions we will provide the participant with a signed amendment stating the terms of the adjustment.

REPORTS

Worksite Liaison Report: Participants are required to have their worksite liaison submit monthly reports for the first 6 months of employment during their monitoring contract. (Due on the first of the month.) Reports are reduced to one per quarter after 6 months of employment. (Due Jan 1, Apr 1, Jul 1, and Oct 1)

Reporting Concerns: Challenging as it may be, reporting concerns to UPHP is a courageous act of compassion. Worksite liaisons should be aware of signs of potential return to substance use. No one sign is indicative of return to substance use and individual signs may be attributed to non-impairing or isolated issues. However, a constellation of signs should not be ignored and the practice liaison should contact UPHP.

Evidence of Diversion or obvious signs of impairment should be reported to UPHP immediately.

SUBTLE SIGNS OF IMPAIRMENT

Absenteeism or Tardiness

Isolation from co-workers

Decrease in quality of performance

Completing rounds late

Unavailable when needed.

Frequent trips to the lavatory

Appear on unit on days off

Mood changes after a break

Unprofessional Behavior

Unusual Personal Struggles

Not completing notes in a timely fashion

OBVIOUS SIGNS OF IMPAIRMENT

Odor of alcohol or marijuana

Impaired Coordination

Out of Character or Unacceptable Behavior

Intoxicated at home when on call

Slurred Speech

If you have questions or concerns,
please contact UPHP at 801 530-6428 UPHP@utah.gov