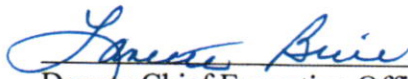


**LSU HEALTH CARE SERVICES DIVISION
BATON ROUGE, LOUISIANA**

POLICY NUMBER: 4506-18
CATEGORY: Human Resources
CONTENT: Substance Abuse and Drug-Free Workplace Policy
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Deputy Chief Executive Officer
LSU Health Care Services Division

12/21/18
Date


Director of Human Resources
LSU Health Care Services Division

12/18/18
Date

**LSU HEALTH CARE SERVICES DIVISION
SUBSTANCE ABUSE AND DRUG-FREE WORKPLACE POLICY**

I. POLICY STATEMENT

It is the policy of the LSU Health Care Services Division (HCSD) to provide a safe, productive, and healthy environment for our patients, employees, visitors, vendors, suppliers, and other contractors, and members of the community by maintaining an alcohol and drug-free workplace and a workforce free of substance abuse.

It is the policy of the HCSD to prohibit the use, abuse and presence of alcohol, illegal or unauthorized drugs, and other dangerous substances in the bodies of its employees while on duty, on call and/or engaged in HCSD business on or off HCSD state premises. This policy also includes the abuse of a legally prescribed drug and all prohibitions and provisions therein apply.

It is the policy of the HCSD to prohibit the sale, purchase, transfer, concealment, transportation, storage, possession, distribution, cultivation, manufacture of, and/or dispensing of alcohol, illegal or unauthorized drugs or related paraphernalia while on duty, on-call and/or engaged in HCSD business on or off HCSD state premises or in a state vehicle while on or off duty.

It is the policy of the HCSD to provide substance abuse and drug testing for all prospective employees, for applicants/employees to whom a safety-sensitive or security-sensitive job has been offered, for reasonable suspicion of an employee's drug and/or alcohol involvement, for post accidents, periodic monitoring or after care following rehabilitation, and random testing for employees in safety-sensitive or security-sensitive jobs.

It is the policy of the HCSD to provide for employee referral, and assessment of alcohol and/or substance abuse rehabilitation through an Employee Assistance Program (EAP), where deemed in the best interest of the agency.

II. SCOPE

This policy shall be applicable to all employees at the HCSD Administrative Office (HCSDA) and Lallie Kemp Medical Center (LAKMC). This includes classified, unclassified, students, and any other persons having an employment relationship with these agencies regardless of appointment type. Portions of this policy may also apply to individuals conducting business on behalf of the HCSDA and LAKMC including, but not limited to, contract and subcontract workers, volunteers, laborers and independent agents.

All individuals must understand that initial and/or continued employment is contingent upon a willingness to comply with this policy.

The HCSD requires that applicability of this policy to physicians, including medical students, remains the exclusive jurisdiction of the Chief Medical Director (CMO) for the Health Care Services Division.

III. IMPLEMENTATION

This policy and subsequent revisions to this policy shall become effective upon approval and date of signature of the Deputy CEO of the HCSD.

IV. DEFINITIONS

For purposes of this policy, the following words or phrases shall have the following meanings:

- A. Agency - Denotes the LSU Health Care Services Division (HCSD).
- B. Chain of Custody (COC) - Procedures to account for the integrity of each urine specimen by tracking its handling and storage from point of specimen collection to final disposition of the specimen. Chain of custody forms shall, at a minimum, include an entry documenting date and purpose each time a specimen is handled or transferred and shall identify each individual in the chain of custody.
- C. Collection Site - A place designated by the employer where individuals present themselves for the purpose of providing a specimen of their urine to be analyzed for the presence of drugs.
- D. Contracted Staff – Persons providing services on a HCSD campus as a result of a professional services contract. This may be a group/company or an individual.
- E. Contractor - the Company providing drug/alcohol screening services.
- F. Controlled or Illegal Drug - This includes narcotics, hallucinogens, depressants, stimulants, look-alike drugs, or other substances which can affect or hamper the senses, emotions, reflexes, judgment, or other physical or mental activities. Included are controlled medications or substances **not** prescribed for current personal treatment by a licensed health practitioner in a medical setting to address a specific physical, emotional, or mental condition.
- G. Disqualification from Employment – Barred from employment with the HCSD for specified time frames for infractions occurring relating to drug testing; i.e., declining to consent to screening, leaving collection site before providing a specimen, being unable to provide specimen in a timely manner, confirmed positive drug result, intentional tampering with a specimen, violating chain of custody or identification procedures, falsifying test results.

- H. D.O.T. - Department of Transportation
- I. Drug - Any chemical substance that either produces physical, mental or emotional change in the user, or one that is capable of altering the mood, perception, pain level, or judgment of that individual.
- J. Drug Testing Coordinator (DTC) - The individual(s) designated by each Hospital and/or Headquarters to receive/discuss/coordinate/implement drug testing related issues.
- K. EBT - Evidential Breath Test
- L. Employee - classified, unclassified, students and any other person having an employment relationship with the agency, regardless of the appointment type.
- M. Fitness for Duty Exam – a medical exam recommended by the Medical Review Officer (MRO) before employee may return to duty. This is usually the result of a drug screen indicating improper levels of a prescribed drug(s), over-the-counter drug(s), and/or unsafe levels and/or interaction of several drugs even though the drug screen does not read as positive. The medical center may require this exam only if recommended by the MRO and the Medical Center must bear the cost of the exam. The exam shall not be performed by a physician associated with the medical center.
- N. Job Related Accident/Incident - Any individual behavior (action or inaction) which resulted in, but is not limited to, an accident, injury, or illness. The accident/incident may result in:
1. Lost work time by an individual
 2. Death or serious injury or illness to a patient, employee, visitor, or co-worker
 3. An accident involving a vehicle, equipment, or property
 4. An injury requiring medical treatment
 5. Release of hazardous waste as defined in R.S. 30:2173 (2) or hazardous Materials defined in R.S. 32:1502 (5).
- O. Legally Prescribed Medication - Any drugs prescribed by a licensed practitioner and over-the-counter drugs, which have been legally obtained and are being used in the appropriate amount solely by the individual and for the purpose for which the medication was prescribed or manufactured.
- P. HCS D Property - This includes all buildings, grounds, parking lots, vehicles, equipment, medications, supplies, etc. whether they are owned, leased, or managed by HCS D.
- Q. Medical Review Officer (MRO) - A licensed physician responsible for receiving laboratory results generated by employer or testing entity's drug testing program who

has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individuals' positive test result together with his medical history and any other relevant biomedical information.

- R. Negative Result - Means no detection of an illicit substance in the pure form or its metabolites at or above the threshold level by a drug screening test.
- S. Positive Alcohol Test - A breath alcohol concentration of 0.020 g/100ml or greater is considered "under the influence" and will be removed from work. An alcohol concentration of 0.020 g/100ml or greater may result in disciplinary sanctions imposed by the Appointing Authority. Alcohol will be tested for in breath, urine, or on blood as necessary.
- T. Positive Drug Test - Defined as testing positive for a specific drug at a specific ng/ml.
- U. Prospective Employee - Any person to whom a job offer or appointment has been made contingent upon passing the pre-employment drug screen. Prospective employee includes an employee transferring into the HCSD and employees laid off and being re-hired from a Department Preferred Reemployment List (if there was a break in service).
- V. Random Testing – If available, employees who hold safety-sensitive and/or security sensitive positions are subject to random alcohol and drug testing. Random tests are unannounced and spread throughout the calendar year.
- W. Reasonable Suspicion/For Cause - Any individual may be tested who is suspected of being under the influence of alcohol and/or drugs where the suspicion is based on, but not limited to, any of the following:
 - 1. Observable behavior or physical symptoms
 - 2. A pattern of abnormal or erratic behavior
 - 3. Arrest or conviction of a drug-related offense
 - 4. Being identified as the subject of a criminal investigation regarding drugs
 - 5. Reliable information from independent sources
 - 6. Evidence of drug tampering or misappropriation
 - 7. Post accident when accompanied by individualized suspicion that the individual may be under the influence of alcohol or drugs

Reasonable suspicion that a substance abuse problem exists includes, but is not limited to:

- 1. The appearance of impairment or intoxication on HCSD property.
- 2. Unusual or aberrant behavior
- 3. The existence of collaborative documentation

4. Patterns of absenteeism or tardiness
(Please refer to Attachment #7 for Reasonable Observation Checklist)

X. Safety-sensitive or Security-sensitive position - a position determined by the Appointing Authority to contain duties of such nature that there is an increase to safety with regards to patients, fellow employees, self and state property. Jobs of this nature may fall within the following categories:

1. Positions with duties that are required or are authorized to perform the safety inspection of a structure.
2. Positions with duties that are required or are authorized to have access to a prison or incarcerated individual.
3. Positions with duties that are required to or are authorized to carry a firearm.
4. Positions with duties that allow access to controlled substances (drugs).
5. Positions with duties that are required or are authorized to inspect, handle, or transport hazardous waste or hazardous material. For the HCSD, this will also include those positions with duties that are required or are authorized to inspect, handle, or transport infectious materials.
6. Positions with duties that are required or are authorized to exercise any responsibility over power plant equipment.
7. Positions with duties that require on-the-job instructing or on-the-job supervision of any persons who operate or maintain any heavy equipment or machinery.
8. Positions with duties that require at least 50% of the work period to be spent in the operation or maintenance of a public vehicle or that require on-the-job supervision of the maintenance of a public vehicle.
9. Positions for which there is a high likelihood of causing serious injury or harm to self, other employees, those served by the HCSD, and the general public.
10. Positions for which the consequences of failure to perform duties in a safe and proper manner are likely to result in serious injury or harm.
11. Positions which involve the custody of data which are of such a nature that it effects or may affect the security of the position, department, or unit to which the position is assigned.

Y. SAMHSA Laboratory - A laboratory certified for forensic urine (and/or blood and hair) drug testing by the Substance Abuse and Mental Health Services Administration (SAMSHA).

Z. Under the Influence - Testing positive for alcohol at a 0.020 g/100ml or greater alcohol concentration and/or testing positive for drugs.

AA. Unsafe/Impaired Symptoms - This may include, but is not limited to:

1. Drowsiness or sleepiness

2. Alcohol or drug odors on the breath
 3. Slurred or incoherent speech
 4. Confusion
 5. Unusually aggressive behavior
 6. Unexplained mood changes
 7. Lack of manual dexterity
 8. Lack of coordination
 9. Unexplained work related accidents or injuries
 10. Excessive sloppiness
 11. Illegible or errant charting
 12. Leaving work areas for extended period for unexplained reasons
- (Please refer to Attachment #7 for Reasonable Observation Checklist)

BB. Workplace/While on Duty - Includes all times when an employee is on HCSD property, on-call, operating HCSD vehicles, operating own private vehicle while conducting HCSD business, or on official business either onsite or offsite. This does not include events sponsored by HCSD at which alcohol may be served.

V. **RESPONSIBILITIES**

A. Deputy CEO

1. Ensures overall compliance with this policy for HCSD facilities/offices.

B. Hospital Administrators

1. Ensures that this policy is implemented and administered consistently.
2. Ensures the development, distribution, implementation, and monitoring of internal policy and procedures.
3. Ensures confidentiality of all drug testing information.

C. Human Resource Directors

1. Administer the Alcohol and Drug Testing Program.
2. Develop, implement and monitor internal policy and procedures in accordance with HCSD established policy. This will include, but is not limited to, procedures for obtaining specimens, ensuring privacy of information, maintaining chain of custody samples, reviewing quality matters related to the program, and maintaining all records related to the pre-employment drug screening program.
3. Appoint employee(s) to serve as Drug Testing Coordinator(s).
4. Ensures that all new employees are given a copy of the policy and sign a receipt form or attestation may be ascertained through the HCSD on-line training. This should be included as part of the orientation process. (See Attachment #4) Acknowledgement/attestation form shall be

maintained in the employee's official personnel record and/or education record.

5. Ensures that notification of pre-employment drug screening requirements will be posted on bulletin boards. (See Attachment #6 for sample posting.)
6. Ensure that pre-employment drug screening requirements and information is provided to applicants prior to their interview for a job. (See Attachment #2)

D. Drug Testing Coordinators (DTC)

1. Coordinates the drug testing program in accordance with established policy and procedures.
2. Serves as liaison between Hospital, Contractor, and MRO of drug testing services. Secures and/or provides information as necessary.
3. Provides consultation/technical assistance to administration, managers, supervisory staff and/or employees as necessary regarding testing, training, and/or interpretation of established policy and procedures.
4. Compiles appropriate information necessary to be used as defense in the event of legal challenge.
5. Compiles statistics as required by HCSD Human Resources Administration for reporting purposes.
6. Ensures the confidentiality of all drug testing information.
7. Maintain current list of collection sites for referral of employees and/or applicants. Each employee and prospective employee will be required to sign the drug screening consent form (see Attachment #1) and will be notified of the time and place to appear for specimen collection. Failure of an employee and/or prospective employee to present themselves for testing within the time frame specified by the DTC, will normally be considered a refusal to submit to drug testing and will be grounds to withdraw the conditional offer of employment or may result in possible disciplinary action, whichever is applicable.
8. Provide information (Attachment #2) to prospective employees as well as current employees regarding drug and/or alcohol testing. Each applicant and/or current employee will be informed of the following:
 - a. Substances searched for during alcohol and/or drug testing may include (but are not limited to): alcohol, amphetamines, barbiturates, benzodiazepines, cocaine, opiates (including various synthetic opiates), phencyclidine (PCP), and marijuana. (See Attachment #2.)
 - b. Consequences of failing to submit to the test or failing to pass the test.
 - c. Reasonable means used to maintain confidentiality of results or any other medical information which may be provided.
 - d. How to appeal a positive drug and/or alcohol result.
8. Notify and forward to HCSD Human Resources Administration all appeals

by prospective or current employees who received a “positive” drug screen result (HR Administration will respond.)

9. Coordinate with HCSD Human Resources Administration to authorize re-testing of applicants/employees when appropriate.
11. On-going review of the HCSD employment disqualification list of applicants/employees provided by HCSD Human Resources Administration and compare for any prospective employee(s) name(s) before hiring. Routinely report any positive results of prospective employee(s) for inclusion on the HCSD disqualification list.

E. Supervisory Staff

1. Assures that each employee under their supervision as of the issue date of this revised policy received a copy of this policy and signed a receipt form or secures attestation through on-line training.
2. Assures that each employee under their supervision is given the opportunity to understand the policy and have questions answered about its contents.
3. Assures that pre-employment drug screening requirements are given to an applicant prior to an interview.

F. Employee

1. Each employee of the HCSD will be held responsible and accountable for fully complying and cooperating with the policy.
2. Submit to alcohol and/or drug testing procedures as outlined in this policy.
3. Report to duty in a physical and emotional condition that maximizes his/her ability to perform assigned tasks in a competent and safe manner.
4. Maintain prescription drugs in prescribed quantity and be able to produce original prescription containers, when required.

VI. Drug/Alcohol Testing Requirements

A. New Employees - Post Job Offer

1. Following a job offer, (post job offer) and prior to placement in a position, a prospective employee will be required to sign a drug testing consent form (Attachment #1) and submit to post job offer drug testing. Time and location will be designated by the Drug Testing Coordinator(s). Not reporting and providing sample during the designated time frame may be considered as a disqualification from employment. Prospective employees shall be also given the handout “Information on Drug and/or Alcohol Testing” (Attachment #2) and will be required to sign it prior to screening. The prospective employee must test free of illegal drugs or legal drugs used illegally as a condition of employment, placement and continued employment

with the Agency. All drug tests will be verified by a MRO.

The MRO will notify a prospective employee of a confirmed positive drug test and shall offer the individual the opportunity to provide valid prescription and/or physician documentation, if applicable. The prospect employee may also choose to challenge the drug test at his or her own expense.

This requirement applies to all full-time or part-time classified and unclassified employees, regardless of employment type. (i.e., Probational, Provisional, Restricted, Job Appointment, Transfer into HCSD, Student, etc.)

Note: Applicants not residing in the city where being interviewed and/or considered for a vacancy, may be drug tested elsewhere. This includes in-state and out-of-state applicants. Contact the HCSD Drug Testing Program Coordinator at the Headquarters office for further information.

2. A prospective employee must test free of drugs as a condition of employment and **SHALL NOT** be enrolled on the payroll or attend orientation until this condition of employment has been met.
3. Prospective employees who decline to consent to screening, who fail to appear at the collection site, who fail to appear at the collection site within the specified time frame designated by the agency Drug Testing Coordinator/designee, who leave the collection site prior to providing a specimen, who are unable to produce a valid specimen in the required time period (3 hours) or who receive a confirmed positive drug result shall be subject to disqualification from employment within the HCSD for all jobs for a period of one (1) year from the effective date of the disqualification action. These violations will also cause removal from the HCSD Department Preferred Reemployment List, if applicable.

Refusal to Submit for screening: Any current employee and/or applicant refusing to submit for applicable screening, shall be asked to complete "Refusal to Submit" form, see Attachment #8. If they refuse to complete form, it shall be completed by the business unit.

4. Prospective employees who intentionally tamper with a sample provided for drug screening, violate the chain of custody or identification procedures, or falsify test results shall have the conditional offer of employment withdrawn and such actions shall be grounds for disqualification for all positions within the HCSD for three (3) years from the effective date of the disqualification action.
These violations will also cause removal from the HCSD Department Preferred Reemployment List, if applicable.
5. For purposes of this policy, an employee transferring into the HCSD, from another state agency, will be considered a prospective employee.
6. For purposes of this policy, an employee laid off and being appointed from the HCSD Department Preferred Reemployment

List with a break in service, will be considered a prospective employee.

7. Employees transferring within the HCSD from one business unit to another, without a break in service, are NOT considered a new employee and are NOT required to be drug tested.
8. Resigning to accept Probational Appointment - HCSD employees resigning from one business unit to accept a new Probational appointment at another HCSD business unit are NOT considered a new employee and are NOT required to be drug tested, as long as there is NO break in service.

Exception: Employees transferring from a non Safety Sensitive and/or Security Sensitive job into a Safety Sensitive and/or Security Sensitive jobs shall be required to be Drug Tested.

B. Current Employees – Drug/Alcohol Testing

NOTE: Prior to screening, current employees will be provided with the handout, “Information on Drug and/or Alcohol Testing” (Attachment #2) and will be required to sign the form.

Refusal to Submit for screening: Any current employee and/or applicant refusing to submit for applicable screening, shall be asked to complete “Refusal to Submit” form, see Attachment #8. If they refuse to complete form, it shall be completed by the business unit.

1. Reasonable Suspicion

On-site and/or Off-site drug and/or alcohol testing may be required of any employee who is reasonably suspected by a supervisor(s) of being under the influence of an illegal drug or alcohol or is impaired on the job because of use or consumption of legal or illegal drugs. (Refer to definition of “Reasonable Suspicion/For Cause”, Section V., T and X as well as Attachment #7). At the time that a drug test for reasonable suspicion is ordered, the employee may be reassigned to a non service area or placed on leave with pay pending investigation until such time as the test results have been confirmed in writing as negative. The employee shall not be allowed to operate a motor vehicle. The employee must arrange for transportation to leave the medical center. If necessary, hospital security will be allowed to drive the employee home.

See the sample form (Attachment #5) that you may want to use.

2. Post Accident/Incident

Any employee in either a job related accident or a job related incident involving safety or patient care will be subject to on-site and/or off-site drug/alcohol testing. (Refer to definition of “Job Related Accident/Incident”,

Section V., K.) At the time that a drug test for post accident/incident is ordered, the employee may be reassigned to a non service area or placed on leave with pay pending investigation until such time as the test results have been confirmed in writing as negative. The employee shall not be allowed to operate a motor vehicle. The employee must arrange for transportation to leave the medical center. If necessary, hospital security will be allowed to drive the employee home.

See the sample form (Attachment #5) that you may want to use.

3. Random Testing

Employees occupying safety sensitive and/or security sensitive jobs will be subject to random drug testing, if available. A list of jobs included in this category shall be identified by each Hospital and Headquarters and shall be maintained in the Human Resources Department for review by Agency/Hospital employees.

Random drug tests are unannounced. Employees are selected for drug testing according to a scientific and valid random numbers program or grouping, maintained by the Drug Testing Coordinator(s).

Note: Procedures for implementing and conducting random drug testing, if available, is established by HCSD Human Resources Administration and is issued separate and apart from this policy.

4. Promotion, Demotion, Reassignment, or any other type of personnel change into Safety Sensitive and/or Security Sensitive jobs

An employee being promoted, demoted, reassigned, transferred or placed (by any means) from a non safety sensitive and/or security sensitive job into a job designated as safety sensitive and/or security sensitive shall be required to pass a drug test prior to placement into the job. Current employees failing to pass a drug screen MAY NOT be placed into a safety sensitive and/or security sensitive job by any means, for 12 months from date of disqualification action.

5. Current employees who refuse to consent to screening, who leave the testing site prior to submitting a specimen, who can't produce a valid specimen in the required time period (3 hours), who intentionally tamper with a sample provided for drug screening, who violate the chain of custody or identification procedures, who falsify test results or who receive a confirmed positive drug result shall be subject to disciplinary action up to and including dismissal. Employees dismissed from their jobs as a result of a violation as listed herein, shall be grounds for disqualification for all jobs within HCSD

for three (3) years from the effective date of the dismissal.

C. Contracted Staff

1. Group Professional Contract – Each professional group/company awarded contracted services with HCSD shall be responsible for conducting drug testing for all persons who will be present on an HCSD campus performing duties. Proof of the drug testing results shall be provided upon request.
2. Individual Professional Contract – HCSD may assume responsibility to conduct drug testing. If drug testing is conducted by HCSD, result shall be retained by Human Resources.

D. Periodic Monitoring or Aftercare Testing

Employees who voluntarily, or as a condition of continued employment, participate in an alcohol/substance abuse rehabilitation program are subject to unannounced drug and/or alcohol tests for a minimum of one (1) year. As a condition of continued employment, employees are required to certify in writing their understanding and acceptance of these testing and rehabilitation requirements. (See Attachment #3 for example.)

Exception: A professional licensing board with established procedures for impaired licensed professionals will take precedent over the HCSD policy requirements, where applicable. (i.e., Nursing, Pharmacy, Physician). However, they are still required to complete the continuation of employment document. (Attachment #3)

E. Self-Referral for Treatment

HCSD encourages individuals to seek treatment. Any employee may obtain assistance on his or her own or may obtain assistance through the Employee Assistance Program.

Self-referral is when the individual seeks help on their own without urging by Administration and prior to being confronted about performance or behavior issues. An individual who notifies the Drug Testing Coordinator, or other Hospital staff member in their chain of command, that they have admitted themselves to a licensed treatment facility for the purpose of rehabilitation from the effects of or a dependency on alcohol or drugs, may be permitted to use leave in accordance with HCSD policies. Employees shall participate in periodic monitoring or aftercare testing as a condition of continued employment, if applicable.

F. Administrative Referral

Managers/Supervisors will refer an individual who exhibits suspicious behavior that indicates they may be under the influence of alcohol and/or drugs. Should an employee indicate that they might have a problem while a manager/supervisor is

counseling/confronting the employee for work related deficiencies, injury, or risk behavior, the employee will be administratively referred for testing with all of the conditional requirements of such a referral.

VII. **TESTING GUIDELINES**

A. Laboratory Testing

All drug testing performed under this policy shall be performed by a SAMHSA certified laboratory and pursuant to SAMHSA guidelines and to the LSA R.S. 49:1001, et seq.

B. Testing for Drugs

1. HCSD contracts with neutral, professional medical personnel and certified laboratories for the collection, custody, storage, and analyses of urine specimens. Collection site is designated by the HCSD Headquarters and/or Hospital.
2. Drug testing shall be conducted for the presence of (but not limited to) amphetamines, barbiturates, benzodiazepines, cocaine, opiates, phencyclidine, and marijuana.
3. Detection and cut off levels for positive readings are established in accordance with D.O.T. guidelines. All test results are verified by a Medical Review Officer (MRO).
4. HCSD reserves the right to test its employees for the presence of any other illegal drug or controlled substance not specified in this policy when there is reasonable suspicion.
5. If a prospective employee or current employee has reason to believe that technical standards were not adhered to in deriving the applicant's confirmed "positive" result, the result may be appealed in writing to the Drug Testing Coordinator(s) within 14 calendar days of receiving notice of result.
6. The Drug Testing Coordinator shall notify and coordinate with the HCSD Human Resources Administration to authorize re-testing of applicants/employees initial specimen.
7. An employee who claims to be unable to provide a specimen can be required to stay "on duty status" until he/she can do so within the required time period specified by this policy (3 hours).
8. Any employee or prospective employee challenging his/her drug or alcohol test results does so at his/her own expense.
9. Any treatment or treatment related expenses resulting from an agency requested drug test are to be borne by the employee.
10. Knowledge of an employee's self-referral and/or subsequent treatment and/or care cannot be used by the agency for any disciplinary action.
11. At the time that a drug test for post accident or reasonable suspension is ordered, the employee may be reassigned to a non service area or placed on

leave with pay pending investigation until such time as the test results have been confirmed in writing.

12. The MRO may recommend a “fitness for duty” exam. If the medical center chooses to require a “fitness for duty” exam based on the MRO’s recommendation, the medical center will bear the cost of the exam. The exam shall not be performed by a physician associated with the medical center.

C. Alcohol Testing

1. Alcohol testing includes the taking of breath or blood samples to test for alcohol concentration (g/ml).
2. Alcohol testing procedures require that a confirmatory test be conducted using an approved Evidential Breath Test device (EBT).
3. If the Breath Alcohol Concentration (BAC) 0.020 or greater, a second confirmation test will be performed at that time. A confirmed alcohol concentration of 0.020 or greater will be considered a positive test. Confirmed alcohol concentrations of 0.020 and above will result in the individual being suspended from work or may even result in disciplinary action up to and including dismissal.

VIII. **CONFIDENTIALITY**

- A. All information, interviews, reports, statements, memoranda, and/or test results received by HCSD Headquarters and/or Hospital through its drug testing program are confidential communications and will only be disclosed to those individuals that are deemed as “need to know” within the organizational structure.
- B. Communications regarding drug testing may not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceedings, except in an administrative or disciplinary proceeding or hearing, or civil litigation where drug use by the tested individual is relevant.
- C. Statistical records and reports are also maintained by HCSD, contracted physicians, and drug testing laboratories. This information is aggregated data and is used to monitor compliance with the rules and to assess the effectiveness of the drug testing program.
- D. The Drug Testing Coordinator is responsible for maintaining the confidentiality of all drug testing information.

IX. **ENFORCEMENT**

The use of illegal drugs and misuse of alcohol and other controlled or unauthorized substances will not be tolerated by the HCSD. Disciplinary actions may be taken only after a

complete and thorough review of all applicable data, and in accordance with Civil Service Rules and established HCSD Policy and Procedures.

Violations for which an employee may be subject to disciplinary action up to and including dismissal are as follows:

- A. Refusal to submit to a drug or alcohol test, leaving the test site prior to submitting a specimen, failure to submit a specimen within allowable time frame (3 hours), who intentionally tamper with a sample provided for drug/alcohol screening, who violate the chain of custody or identification procedures, who falsify test results, who receive a confirmed positive drug and/or alcohol result, or failure to cooperate in any way that prevents the completion of a test.
- B. Failure to report for random testing within a set time frame.
- C. Submission of an adulterated or substitute urine sample for drug testing.
- D. Buying, selling, dispensing, distributing, or possessing alcohol or any illegal or unauthorized controlled substance while on duty or on HCSD premises.
- E. Unjustifiable possession of drug-related paraphernalia while on duty or on HCSD premises.
- F. Unjustifiable possession of prescription drugs or any dangerous controlled substances.
- G. Driving a HCSD vehicle or operating HCSD equipment (or driving personal vehicle while on duty) while under the influence of drugs or alcohol, where tests administered by authorized officials confirm a policy violation.
- H. The presence of alcohol, illegal or unauthorized drugs, and other prohibited controlled substances, in a state vehicle, while on or off duty.
- I. Positive drug test result or confirmed 0.020 alcohol concentration.

X. **EMPLOYEE ASSISTANCE PROGRAM**

- A. Early recognition and treatment of drug dependency are essential to successful rehabilitation. Those employees recognizing a substance abuse problem should seek assistance from the Agency's EAP Coordinator(s). Referrals are held in strict confidence but supervisors and appointing authorities with "a need to know" will be kept abreast of the employee's treatment, leave needs, and prognosis on a case by case basis.
- B. Employees who are referred to the EAP Coordinator by their supervisor, or who, as a

condition of continued employment, participate in an alcohol/substance abuse rehabilitation program are subject to the “Periodic Monitoring or After Care Testing” as specified in VII, C. of this policy.

XI. **EXCEPTION**

Any exception to this policy must be approved by the HCSD Deputy CEO. Requests for exceptions must be submitted in writing to the HCSD Human Resources Administration.

Attachment #1

AGREEMENT TO SUBMIT TO AN ALCOHOL AND/OR DRUG TEST AND AUTHORIZATION FOR THE RELEASE OF TEST RESULTS

I have been requested by _____ to submit to an alcohol and/or drug test.

I have been informed and I understand that my agreement to submit to the requested pre-employment drug screen urine test is completely voluntary on my part, and that I have the right to refuse to submit to the test. I am aware and have been told that my refusal to submit to drug screening, or if my urine test is positive, I will be disqualified for employment with HCSD for one (1) year or may be grounds for disciplinary action against me up to and including dismissal. Additionally, a prospective employee, who intentionally tampers with the sample, the chain of custody (COC), identification procedures, or test results may be disqualified from employment with HCSD for a period of three (3) years.

I understand that if the Medical Review Officer (MRO) (and/or the MRO agent and/or staff) or Drug Testing Coordinator (DTC) calls me about my drug test results, I should call them back immediately. **I understand that if I do not contact and talk with the MRO (and/or the MRO agency and/or staff) then I have turned down the opportunity to discuss the results and the MRO (and/or the MRO agency and/or staff) will report my drug test as a positive.**

I have been informed and am aware that the results of the alcohol and/or drug test(s) are protected by confidentiality requirements for alcohol and drug patient records under Federal laws and regulations. Therefore, I voluntarily agree to the below state release of the test results.

I, _____ (please print), authorize the MRO (and/or the MRO agent and/or staff) and the DTC who will receive the results of my alcohol and/or drug test to disclose the results of the test(s) to the appropriate Human Resources Director, my supervisor (as appropriate for employees, students, non-employees, or job applicants,) the Administrative Body over me, and/or their designee for the purpose of determining the appropriateness of my eligibility for continued employment/appointment. I authorize the above individuals and/or their designee to disclose those results to other HCSD Human Resources Directors and/or, HCSD facilities/offices and to other state and federal agencies, including the Department of State Civil Service and/or to the above mentioned referring source.

I also understand that withdrawal of this permission prior to, or any time after, the release of the results of the alcohol and/or drug test to the above named individuals is grounds for terminating my employment and/or enrollment.

Daytime Phone # _____ Evening Phone # _____

Date of Birth _____ Social Security # _____

Street Address _____ City _____

State _____ Zip Code _____

Signature _____ Date _____

Witness Signature _____ Date _____

INFORMATION ON DRUG AND/OR ALCOHOL TESTING
(For prospective employees and/or current employees)

WHY MUST I SUBMIT TO A DRUG TEST?

It is the policy of the Health Care Services Division (HCSD) to promote and safeguard the workplace from consequences of substance abuse. HCSD's action to create and maintain a drug-free workplace is pursuant to the Federal Drug-Free Workplace Act of 1988.

All prospective employees are required to undergo post-job offer testing. They must test free of drugs as a condition of hiring. **A negative test result must be received by HCSD before you can report to work or attend orientation.**

All employees associated with HCSD are subject to alcohol and/or drug testing for reasonable suspicion, for cause, post accident, periodic monitoring, aftercare, and random, and security sensitive jobs.

WHAT ARE MY RIGHTS?

You have the right to refuse to have the alcohol and/or drug test done.

Prospective employees who decline to consent to screening, who fail to appear at the collection site, who fail to appear at the collection site within the specified time frame designated by the agency Drug Testing Coordinator/designee, who leave the collection site prior to providing a valid specimen, who are unable to produce a specimen in the required time period (3 hours) or who receive a confirmed positive drug result shall be subject to disqualification from employment from the Health Care Services Division for a period of one (1) year from the effective date of the disqualification action. These violations will also cause removal from the HCSD Department Preferred Reemployment List, if applicable.

Prospective employees who intentionally tamper with a sample provided for drug screening, violate the chain of custody or identification procedures, or falsify test results shall have the conditional offer of employment withdrawn and such actions shall be grounds for disqualification for any job within the Health Care Services Division for three (3) years from the effective date of the disqualification action. These violations will also cause removal from the HCSD Department Preferred Reemployment List, if applicable.

Current employees who refuse to consent to screening, who leave the testing site prior to submitting a specimen, who can't produce a specimen in the required time period (3 hours), who intentionally tamper with a sample provided for drug screening, who violate the chain of custody or identification procedures, who falsify test results, or who receive a confirmed positive drug and/or alcohol result shall be subject to disciplinary action up to and including dismissal. Current employees dismissed from their jobs as a result of a violation as listed herein, shall be grounds for disqualification for all jobs with the Healthcare Services Division for three (3) years from the effective date of dismissal.

WHAT TESTS ARE PERFORMED ON THE SCREENS TO DETECT DRUGS AND/OR ALCOHOL?

An alcohol breath test provides the amount of alcohol in an individual's breath. A saliva alcohol test provides the amount of alcohol in an individual's blood. All positive alcohol screening tests will undergo an immediate confirmation test.

A urine drug test provides information about the concentration of a drug or a drug metabolite in the urine. An EMIT (Enzyme multiplied Immunoassay Test) screening test is initially performed. Positive EMIT test results will automatically under GC/MS (Gas Chromatography/Mass Spectrometry) for confirmation.

INFORMATION ON DRUG AND/OR ALCOHOL TESTING
(For prospective employees and/or current employees)

WHAT ARE THE DRUG/ALCOHOL TESTING PROCEDURES?

An alcohol breath test involves breathing through a mouthpiece on an evidential breath testing device for a period of up to 6 seconds or utilizing a sample of saliva on a Q.E.D. saliva alcohol test.

A urine drug test involves urinating in a bottle in a private, designated, enclosed area.

WHAT DRUGS WILL I BE TESTED FOR? (The list includes, but is not limited to)

- | | |
|--------------|---|
| Amphetamines | Benzodiazepines |
| Barbiturates | Opiates (including various synthetic opiates) |
| Cocaine | Phencyclidine |
| Marijuana | |

HCSD reserves the right to test for the presence of other illegal substances or legally prescribed drugs without prior notification to the prospective employee and/or current employee.

WHAT SHOULD I DO IF THE MEDICAL REVIEW OFFICER (MRO) or DRUG TESTING COORDINATOR (DTC) CALLS ME?

If the MRO or the DTC calls you, it is most likely regarding your drug test results. You should return their call as soon as possible. If you do not contact and talk with them, then you have turned down the opportunity to discuss the results and the MRO will report your drug test as positive. This positive result will subject you to disqualification from employment with the HCSD for a period of one (1) year from the effective date of the disqualification action.

HOW DO I APPEAL A POSITIVE DRUG AND/OR ALCOHOL RESULT?

If a prospective employee or current employee has reason to believe that technical standards were not adhered to in deriving the individual's confirmed "positive" result, the result may be appealed in writing to the Drug Testing Coordinator at the HCSD facility/office within 14 calendar days of receiving notice of result.

Any prospective employee or current employee challenging his/her drug and/or alcohol test results does so at his/her own expense.

Date/Time to report for drug and/or alcohol testing: _____

Location: _____

Chain of Custody Number: _____

I have read "The Information on Drug and/or Alcohol Testing" provided to me by the Drug Testing Coordinator/designee.

Print Name: _____

Signature: _____ Date: _____

(Copy of signed form given to prospective employee/current employee – original kept with drug/alcohol testing forms)

Attachment #3

**HEALTH CARE SERVICES DIVISION
CONTINUATION OF EMPLOYMENT AGREEMENT**

Employee Name

Social Security Number

In accordance with the HCSD Substance Abuse and Drug-Free Workplace Policy No. 4506, I, voluntarily enter into the following agreement with _____ HCSD facility/office.

I understand that the agreement will be in effect for a minimum of one (1) year. At the end of that time, a decision will be made for the monitoring period to be extended or discontinued.

I understand that _____ HCSD facility/office will allow me to continue my employment under the following conditions:

1. I agree to cooperate with the supervisor in having any necessary medical and/or psychological evaluations performed.
2. I agree to submit to periodic and/or random testing and close performance monitoring when and as often as determined by my supervisor.
3. I authorize all persons involved in evaluating or treating me to disclose to the supervisor that evaluation and any information relative to my treatment.
4. I agree to follow the directions and recommendation of my supervisor. I will participate in all required activities of any rehabilitation program and/or treatment plan that I am involved in.
5. I understand many professional licensing boards require licensed professionals to be: 1) reported who have been identified as having an alcohol and/or drug abuse problem; and 2) enrolled in a monitoring program. If applicable to my situation as a licensed professional, I understand it is in my best interest to report an alcohol and/or drug abuse problem to the appropriate professional health committee or monitoring program. Additionally, I understand that in certain instances the Medical Center's administration and/or my supervisor will be required to submit a similar report.
6. I agree to adhere to all HCSD facility/office departmental and Civil Service rules and regulations which apply to me and I understand that failure to do so may result in disciplinary action up to and including dismissal.
7. I understand that any evidence of non-compliance with treatment guidelines, incomplete treatment, non-compliance with an aftercare program or failure to abide by any part of a Continuation of Employment Agreement between the HCSD facility/office and me will be grounds for possible disciplinary action up to and

Employee Signature

Date

Supervisor Signature

Date

Drug Testing Coordinator

Date

Attachment #4

SUBSTANCE ABUSE AND DRUG FREE WORKPLACE POLICY

ACKNOWLEDGMENT OF RECEIPT

I have received a copy of the Health Care Services Division Substance Abuse and Drug Free Workplace Policy. I agree to comply with the policy, procedures and guidelines and to fully cooperate with and to submit to the drug testing procedures as outlined in this policy. I understand that it is my responsibility to read and familiarize myself with this material and that if I have any questions I may contact the Human Resources Department. I understand that initial and/or continued employment is contingent upon a willingness to comply with this policy.

Name (Please Print)

Signature

Date

FAILURE TO SIGN THIS ACKNOWLEDGEMENT FORM DOES NOT EXEMPT YOU FROM THIS POLICY.

Attachment #5

Drug and/or Alcohol Testing for Reasonable Suspicion/Cause

Employee's Name: (Print) _____

Employee's SSN: _____

1. Documented information indicates you may be unfit for duty.
2. You are relieved from work duties effective immediately. You will not be allowed to return to work until the Medical Review Officer has cleared you. You are not to enter this hospital or the hospital grounds, unless you are in need of medical treatment at this hospital.
3. You must not operate a motor vehicle today. A relative, friend (not a co-worker), or Security will be notified to bring you home.
4. You must be available to your supervisor should there be a need for you to return to work.
5. You will receive formal notice from Administration when and if you are to return to duty.

Signature of Employee

Date

This statement confirms that I (print name) _____

drove (print employee name) _____

home after a reasonable suspicion/reasonable cause drug and/or alcohol screen from (Medical Center) _____ on (date) _____.

Driver's signature: _____

Witness: _____

Date: _____ Time: _____

Note: This completed form will be kept in the Drug Testing Coordinator's file.

Attachment #6

(Sample Flyer for Bulletin Boards-
May be modified to fit your Hospital or develop your own)

HCS D

DRUG SCREENS

ALL NEW HIRES

&

**OTHER SELECTED
POSITIONS**

**REASONABLE CAUSE OBSERVATION CHECKLIST
(STRICTLY CONFIDENTIAL)**

Employee Name: _____

Supervisor Name & Phone Number: _____

Time frame of Observation/Evaluation: _____

THIS CHECKLIST IS INTENDED TO ASSIST IN REFERRING A PERSON FOR ALCOHOL AND/OR DRUG SCREENING.

Has the employee exhibited any of the following behaviors? Indicate (D) if documentation exists.

A. Quality and Quantity of Work

Yes	No	
___	___	1. Clear refusal to do assigned tasks
___	___	2. Significant increase in errors
___	___	3. Repeated errors in spite of increased guidance
___	___	4. Reduced quantity of work
___	___	5. Inconsistent, "up and down" quantity/quality of work
___	___	6. Behavior that disrupts work flow
___	___	7. Procrastination on significant decisions or tasks
___	___	8. More than usual supervision necessary
___	___	9. Frequent, unsupported explanation for poor work/performance
___	___	10. Noticeable change in written or verbal communication
		Other: _____

B. Interpersonal Work Relationships

Yes	No	
___	___	1. Significant change in relations with co-workers/supervisors
___	___	2. Frequent or intense arguments
___	___	3. Verbal abusiveness
___	___	4. Physical abusiveness
___	___	5. Persistently withdrawn or less involved with people
___	___	6. Intentional avoidance of supervisor
___	___	7. Expressions of frustration or discontent
___	___	8. Change in frequency or nature of complaints
___	___	9. Complaints by co-workers or subordinates
___	___	10. Cynical, "distrustful of human nature" comments
___	___	11. Unusual sensitivity to advice or critique of work
___	___	12. Unpredictable response to supervision
___	___	13. Passive-aggressive attitude or behavior, doing things "behind your back"
		Other: _____

**REASONABLE CAUSE OBSERVATION CHECKLIST CONTINUED
(STRICKLY CONFIDENTIAL)**

C. General Job Performance

- | Yes | No | |
|-----|-----|--|
| ___ | ___ | 1. Excessive unauthorized absences-number in last 12 months |
| ___ | ___ | 2. Excessive authorized absences-number in last 12 months |
| ___ | ___ | 3. Excessive uses of sick leave in last 12 months |
| ___ | ___ | 4. Frequent Monday/Friday absence or other pattern |
| ___ | ___ | 5. Frequent unexplained disappearances |
| ___ | ___ | 6. Excessive "extension of breaks or lunches |
| ___ | ___ | 7. Frequently leaves work early-number of days per week or month |
| ___ | ___ | 8. Increased concern about (actual incidents) safety offenses involving the employee |
| ___ | ___ | 9. Experiences or cause job related accidents |
| ___ | ___ | 10. Major change in duty or responsibility |
| ___ | ___ | 11. Interferes with or ignores established procedures |
| ___ | ___ | 12. Inability to follow through on job performance recommendation |
| | | Other: _____ |

D. Personal Matters

- | Yes | No | |
|-----|-----|---|
| ___ | ___ | 1. Changes in or unusual personal appearance (dress, hygiene) |
| ___ | ___ | 2. Changes in or unusual speech (incoherent, stuttering, loud) |
| ___ | ___ | 3. Changes in or unusual level of activity-much reduced/increased |
| ___ | ___ | 4. Increasingly irritable or tearful |
| ___ | ___ | 5. Unpredictable or out-of-context displays of emotion |
| ___ | ___ | 6. Temper tantrums or angry outbursts |
| ___ | ___ | 7. Demanding, rigid, inflexible |
| ___ | ___ | 8. Major change in physical health |
| | | Other: _____ |

Any other information/observations (please be specific & attach additional sheets as needed).

Name of Person Completing the Report: _____

Job Title of Person Completing the Report: _____

Date: _____

Attachment #8

REFUSAL TO SUBMIT TO A DRUG AND/OR ALCOHOL TEST

I hereby refuse to authorize testing of my urine and/or body vapors for drugs and/or alcohol.

I understand that my refusal may result in disciplinary action being taken by my employers.

If I am an applicant, I understand that I will not be considered for employment up to one (1) year.

Employee/Applicant Name (Please Print)

Date

Employee/Applicant Signature

Date

Witness Signature

Date

Witness Signature

Date

EMPLOYEE/APPLICANT/INDIVIDUAL REFUSES TO SUBMIT TO TESTING AND REFUSES TO SIGN REFUSAL FORM

Witness Signature

Date

Witness Signature

Date