

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

**POLICY NUMBER:** 4506-25

**CATEGORY:** Human Resources

**CONTENT:** Substance Abuse and Drug-Free Workplace Policy

**APPLICABILITY:** This policy shall be applicable to all employees at the Health Care Services Division Administrative Office (HCSDA) and Lallie Kemp Medical Center (LAKMC). This includes classified, unclassified, students, and any other persons having an employment relationship 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. Initial and/or continued employment is contingent upon a willingness to comply with this policy.

**EFFECTIVE DATE:** Issued: December 1, 1993  
Revised: August 6, 1999  
Revised: March 6, 2006  
Revised: October 16, 2006  
Reviewed: February 26, 2008  
Reviewed: October 28, 2008  
Reviewed: October 27, 2009  
Reviewed: October 18, 2010  
Reviewed: November 30, 2011  
Revised: March 15, 2014  
Revised: March 23, 2015  
Reviewed: April 21, 2017  
Reviewed: December 18, 2018  
Reviewed: June 8, 2020  
Reviewed: January 26, 2021  
Reviewed: January 27, 2022  
Reviewed: February 13, 2023  
Reviewed: February 2, 2024  
Revised: July 11, 2024  
Reviewed: April 22, 2025

**INQUIRIES TO:** Human Resources Administration  
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**Note: Approval signatures/titles are on the last page**

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

**I. STATEMENT OF POLICY**

It is the policy of the LSU Health Care Services Division (HCS D) 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 HCS D 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 HCS D business on or off HCS D 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 HCS D 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 HCS D business on or off HCS D state premises or in a state vehicle while on or off duty.

It is the policy of the HCS D to provide substance abuse and drug testing for all prospective employees, for reasonable suspicion of an employee's drug and/or alcohol involvement, for post accidents, and periodic monitoring or after care following rehabilitation when applicable.

Note: Any reference herein to Health Care Services Division (HCS D) also applies and pertains to Lallie Kemp Medical Center (LKMC).

**II. IMPLEMENTATION**

This policy and subsequent revisions to this policy shall become effective upon approval and date of signature of the HCS D Chief Executive Officer (CEO) or Designee.

**III. DEFINITIONS**

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

- A. Agency – HCS D Administration (HCS DA) and Lallie Kemp Medical Center (LKMC).
- 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 an HCSD campus as a result of a professional services contract. This may be a group/company or an individual.
- E. Illegal Drug - Any drug which is not legally obtained, to include prescribed drugs not legally obtained and prescribed drugs not being use for the prescribed purposes or being used by one other than the persons for whom prescribed
- F. 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.
- G. Drug - Any chemical substance that either produces physical, mental or emotional change in the user, or one that can alter the mood, perception, pain level, or judgment of that individual.
- H. Drug Testing Coordinator (DTC) - The individual(s) designated by HCSDA and/or LKMC receive/discuss/coordinate/implement drug testing related issues.
- I. Employee - classified, unclassified, students and any other person having an employment relationship with the agency, regardless of the appointment type.
- J. 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. This exam may only be requested if recommended by the MRO and the agency must bear the cost of the exam. The exam shall not be performed by a physician associated with the agency.
- K. 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).
- L. 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.
- M. 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.
- N. 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.
- O. 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.
- P. Positive Alcohol Test - A breath alcohol concentration (BAC) of 0.020 g/100ml (.08%) or greater is considered intoxicated (drunk) under Louisiana law.
- Q. Positive Drug Test - Defined as testing positive for a specific drug at a specific ng/ml.
- R. 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 HCS D and employees laid off and being re-hired from a Department Preferred Reemployment List (if there was a break in service).
- S. 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.
- T. 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)

U. 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.

V. 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).

W. Under the Influence - For the purposes of this policy, a drug, chemical substance, or the combination of a drug, chemical substance that affects an employee in any detectable manner. The symptoms or influence are not confined to that consistent with misbehavior, nor to obvious impairment of physical or mental ability, such as slurred speech or difficulty in maintaining balance. A determination of influence can be established by a professional opinion or a scientifically valid test.

X. 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 #6 for Reasonable Observation Checklist)

Y. 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.

#### IV. **RESPONSIBILITIES**

A. Chief Operations Officer

Ensures overall compliance with this policy for HCSDA and LKMC

B. Hospital Administrator/Human Resources Director/Drug Testing Coordinator

1. Ensures 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. Supervisory Staff

1. Ensures that each employee under their supervision is given the opportunity to understand the policy and have questions answered about its contents.
2. Ensures that pre-employment drug screening requirements are given to an applicant prior to an interview.

D. 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.

V. **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.

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 or prior approval received from HCSDA.
3. Prospective employees who decline to consent to screening, who fail to appear at the collection site within the specified time frame designated by the agency Drug Testing Coordinator/designee (within 1 hour); 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.

**Note:** A prospective employee with a positive drug screen will be given seven (7) calendar days to resolve the issue with the MRO before being placed on the HCSD disqualification list. This wait time does not prevent the HCSD from moving forward with another applicant.

**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 #7. If they refuse to complete form, it shall be completed and witnessed by the agency.

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 job may 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 refusing to submit for applicable screening, shall be asked to complete “Refusal to Submit” form, see Attachment #7. If they refuse to complete form, it shall be witnessed and completed by the agency.

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 #6). 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, medical center 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, medical center security will be allowed to drive the employee home.

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

3. Random Testing, if available  
Employees occupying safety sensitive and/or security sensitive jobs may be subject to random drug testing, if available. A list of jobs included in this category shall be identified by HCSDA and LKMC 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 may 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.

## **VI. TESTING GUIDELINES**

### **A. Laboratory Testing**

All drug testing performed under this policy shall be performed by a SAMHSA certified laboratory.

### **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 HCSDA or LKMC.
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 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.

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

#### 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.

#### D. Medical Marijuana

1. In accordance with Act 651 of the 20222 Regular Sessions of the Louisiana Legislature, no state agency shall subject an employee or prospective employee to negative employment consequences solely on a positive drug test for marijuana, marijuana components, including tetrahydrocannabinols, or marijuana metabolites if the employee or prospective employee has been clinically diagnosed as suffering from a debilitating medical condition and a licensed physician has recommended marijuana for therapeutic use by the employee or prospective employee in accordance with R.S. 40:1.46.
2. Act 651 shall not be construed to prohibit the imposition of negative employment consequences to an employee who uses or is impaired by marijuana on the premises of the employer or during work hours.
3. Act 651 does not apply to any employee whose principal responsibility is to operate a state vehicle, maintain a state vehicle, or supervise any employee who drives or maintains a state vehicle as their principal responsibility. In addition, Act 651 does not apply to emergency medical services, law enforcement, and firefighter services.
4. The laboratory shall use a cut-off of 50 ng/ml for a positive finding in testing for cannabinoids.

**Note:** For purposes of this policy emergency medical services shall apply to all jobs at Lallie Kemp Medical Center whose mission it is to provide quality health care in a safe and effective manner.

## **VII. CONFIDENTIALITY**

- A. All information, interviews, reports, statements, memoranda, and/or test results received by HCSDA and/or LKMC 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.

## **VIII. CONSEQUENCES**

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.
- F. 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.
- G. 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.

**IX. 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.

**X. EXCEPTION**

The HCSD CEO or designee may waive, suspend, change or otherwise deviate from any provision of this policy they deem necessary to meet the needs of the agency as long as it does not violate the intent of this policy; state and/or federal laws; Civil Service rules and regulations; LSU Policies/Memoranda; or any other governing body regulations.

**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 as a current employee, 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 HCSD Human Resources Director and/or, HCSD 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 office/medical center 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

\_\_\_\_\_  
Last 4 digits of SSN

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 office/LKMC 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 office/LKMC 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 office/LKMC 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**

**NOTE: If you are completing the review of this Policy as a lesson assignment through WILMA, you DO NOT need to print and sign. You will complete an attestation at the end of the WILMA lesson designated as the Test.**

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 last four digits of 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 medical center or the medical center 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.

**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 #7

**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

Document Metadata

Document Name: 4506-25 - Substance Abuse and Drug-Free Workplace.doc  
Policy Number: 4506  
Original Location: /LSU Health/HCSO/4500 - Human Resources  
Created on: 12/01/1993  
Published on: 04/23/2025  
Last Review on: 04/22/2025  
Next Review on: 04/22/2026  
Effective on: 07/29/2019  
Creator: Townsend, Kathy  
*HCSO Human Resources Director*  
Committee / Policy Team: Main Policy Team  
Owner/SME: Townsend, Kathy  
*HCSO Human Resources Director*  
Manager: Townsend, Kathy  
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Townsend, Kathy  
*HCSO Human Resources Director*  
Publisher: Wicker, Claire M.  
*PROJECT COORDINATOR*

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04/23/2025

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04/23/2025