

**SUBSTANCE ABUSE POLICY OF
ST. NORBERT COLLEGE**

**FOR EMPLOYEES WITH
COMMERCIAL DRIVERS LICENSES**

Effective Date: 7/1/16

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I. PURPOSE OF POLICY

St. Norbert College ("College") recognizes that the use of drugs and alcohol in its workplace creates health, safety, security and production problems for its employees, customers, visitors, and business.

In addition, because the College employs employees who are required, by state or federal law, to possess commercial driver's licenses as a result of their job duties, the College is subject to state and federal laws, including rules promulgated by the federal Department of Transportation ("DOT"), which, among other things, requires the College to:

- Maintain a written substance abuse policy for its employees who are required to possess a commercial drivers license,
- Perform drug and alcohol testing on its employees with commercial drivers licenses as required by the state and federal laws,
- Maintain safeguards to protect employees from, among other things, erroneous test results, and
- Impose mandatory corrective action against employees who violate the policy.

This Substance Abuse Policy ("Policy") is designed to (a) provide a safe, healthy, productive, and drug-free workplace for all employees, (b) protect the College and its customers from losses arising out of or associated with alcohol and controlled substance, (c) provide an effective tool for deterrence of substance abuse, (d) provide an effective tool for detection of violators, (e) ensure efficient operations, (f) maintain a favorable College image, and (g) satisfy the state and federal (including the DOT) rules covering employees with commercial driver's licenses.

This Policy does not alter the at-will employment relationship between the College and its employees. It is not meant to create a contract or expectation of future employment between the College and its employees, and is merely one condition of continued employment. The terms of this Policy may change in the future at the College's discretion or to comply with changes in federal or state law.

The College has discretion to impose corrective action against violators of this Policy in addition to that imposed by the DOT. Employees are advised to contact their Designated Employer Representatives (as defined below) with any questions concerning this Policy.

Compliance with this Policy is not optional. The failure to comply with any of the provisions of this Policy may subject an employee to discipline up to and including termination. This Policy replaces and supersedes all prior alcohol or substance abuse policies.

This Policy summarizes applicable federal law. To the extent that anything in this Policy is inconsistent with federal law, federal law shall supercede and supplement this Policy.

Employees are encouraged to review Title 49 of the Code of Federal Regulations, Parts 40, 382 and 391 for further detail on alcohol and drug testing procedures and requirements.

II. SCOPE OF POLICY

This Policy applies to employees as well as certain independent contractors (hereinafter referred to as the "drivers") who are required to possess a Commercial Driver's License. ("CDL"). CDLs are required for all drivers operating a "Commercial Motor Vehicle", which includes any vehicle, which:

- Has a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds;
- Has a gross vehicle weight rating of 26,001 or more pounds;
- Is designed to transport 16 or more passengers, including the driver; or
- Is any size transporting hazardous materials requiring placards.

Several provisions of this Policy govern a driver's conduct in relation to their performance of "Safety Sensitive Functions." A "Safety Sensitive Function" is all time from the time a driver begins to work or is required to be in readiness to work until the time he or she is relieved from work and all responsibility for performing work, including:

- All time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer;
- All time inspecting equipment or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at anytime;
- All time spent at the driving controls of a commercial motor vehicle in operation;
- All time, other than driving time, in or upon any commercial motor vehicle, except time spent resting in a sleeper berth;
- All time loading or unloading a commercial motor vehicle, supervising, or assisting in the loading or unloading, attending a commercial motor vehicle being loaded or unloaded, remaining in readiness to operate the commercial motor vehicle, or in giving or receiving receipts for shipments loaded or unloaded;
- All time repairing, obtaining assistance, or remaining in attendance upon a disabled commercial motor vehicle.

III. GENERAL PROHIBITIONS

All drivers are subject to the following prohibitions:

A. Alcohol

Drivers are prohibited from the following actions relating to alcohol use:

- From using alcohol within four hours of performing a Safety Sensitive Function;
- From performing a Safety Sensitive Function while having an alcohol concentration of .02 or greater, until the employee is retested with a result below .02 or until the start of the employee's next regularly scheduled duty period, if it occurs at least 8 hours following administration of the test;
- From operating a commercial motor vehicle while in possession of alcohol (unless it is manifested cargo);
- From using alcohol during eight hours following an accident, unless the driver undergoes a post-accident test and tests negative.

B. Drugs/Controlled Substances

All drivers are prohibited from the unlawful manufacture, distribution, possession, or use of controlled substances during working hours, in any College - owned or leased vehicle, or in any College facility or workplace. For purposes of this Policy, the terms "drugs" or "controlled substances" includes any illegal or illicit drugs, including the following: marijuana, cocaine, opiates, phencyclidine, or amphetamines.

Drivers are also prohibited from any other drug use that could affect performance of a safety sensitive function. The only exception is by doctor's prescription, and then only if the doctor has advised the driver that the drug will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

In the event that a driver has been prescribed a drug, which he or she has been advised will adversely affect his or her ability to safely operate a Commercial Motor Vehicle, he or she shall immediately report that to their employer, and they shall be reassigned to non-safety sensitive functions until the prescription has expired.

C. Compliance with Testing Requirements

All drivers are required to completely comply with all testing requirements, as described below. "Compliance" is not satisfied if the employee refuses, interferes with, or alters a test in any manner.

IV. TESTING REQUIREMENTS

A. Pre-Employment Testing

All applicants for driver positions must submit to pre-employment testing for drugs, and the negative results must be obtained prior to the driver performing a safety sensitive function for the College. All testing will be performed by a third party testing facility. Applicants must also sign a Consent and Release Agreement, allowing the College to obtain Drug and Alcohol Testing Results from the applicant's prior employers.

1. Positive Test Results at Previous Employers: If the applicant has tested positive for alcohol or drugs at a prior employer, the applicant must be required to complete the DOT-required procedures before being assigned to a safety sensitive function (including, but not limited to, consultation with a Substance Abuse Professional, compliance with the recommendations of the Substance Abuse Professional, satisfactory completion of return-to-work tests, and satisfactory participation in follow-up testing). The College will verify the applicant's test results with prior employers as required by law.
2. Positive Pre - Employment Test (or Refusal to Take Pre - Employment Test): During the interview process, the applicant will also be asked if they have ever tested positive at a pre-employment test, or ever refused to take a pre-employment test for any employer which the applicant applied for, but did not receive employment, within the prior two years. The employee must answer the questions honestly. If there was a positive or refusal to test, the employee cannot be assigned to safety sensitive functions prior to completing the DOT-required procedures (described in subparagraph 1, above).

B. Reasonable Suspicion Testing

Drivers are also required to submit to a drug and/or alcohol test (performed by a third party testing facility) whenever the College has reasonable suspicion to believe that a driver is under the influence of or using alcohol (before, during, or just after performing a safety sensitive function), or controlled substances anytime while at work.

College supervisors have been trained to make observations concerning potential alcohol and/or drug use, including, but not limited to factors such as: the driver's appearance, behavior, speech, and body odors. The supervisors (at least 2) will document the factors constituting reasonable suspicion at the time of the observation.

A College representative will escort the employee under suspicion to a third party facility for specimen collection. Upon completion of the collection process, arrangements will be made for a spouse, family member, or friend to escort the employee home. If none are available, a College will escort the employee home, arrange for a taxi to transport the employee to his home, or make such other measures as deemed appropriate under the circumstances.

Alcohol and drug tests based on reasonable suspicion will be conducted as soon as possible following the observations. If the alcohol test is not administered within two hours, the College will be required to verify why the test was not administered. The alcohol test may not be taken after eight hours following the observed behavior, and the College will be required to verify its reasons for its failure to conduct the test within the eight hours.

No driver shall be allowed to perform safety-sensitive duties until after the College receives the alcohol or drug test results.

C. Random Testing

All drivers will be subject to random testing for both drugs and alcohol. The number of random tests will be based on the total number of drivers. The federal government sets the percentage of drivers required to be tested. Currently, at least 50% of the College's drivers (or the drivers of any consortium which the College is a member of) must be tested for drugs, and at least 10% of its drivers (or the drivers of any consortium which the College is a member of) must be tested for alcohol on an annual basis. (Because the College currently is part of a consortium the actual percentages of its drivers that are tested may vary.)

A driver selected for a random test must proceed to the collection site immediately upon notification. All testing will be performed by a third party testing facility.

The random tests will not be announced in advance, and will be conducted at randomly selected intervals throughout the calendar year. Every driver will have an equal chance of being selected for a test each time a selection is conducted.

D. Post-Accident Testing

Drivers must also submit to post-accident testing for drugs and alcohol in the following instances:

Type of Accident Involved	Citation Issued to the CMV Driver	Test Must Be Performed by Employer
Human Fatality	Yes	Yes
	No	Yes
Bodily Injury With Immediate Medical Treatment Away From the Scene	Yes	Yes
	No	No
Disabling Damage to Any Motor Vehicle Requiring Tow Away	Yes	Yes
	No	No

If the driver is involved in an accident in which testing is required, the driver is prohibited from consuming any alcohol until he or she has been tested and must remain at the site and available to the College for testing (unless emergency medical treatment is required).

All efforts will be made to test for alcohol within two hours after the accident. If that cannot be accomplished, the reasons for the failure must be documented, and further attempts must be made for the next six hours. If testing cannot be completed within eight hours, the reason for the failure must be documented.

A drug test must also be conducted within 32 hours of the accident or the College will be required to document the reasons for the failure. The College will arrange to have the driver transported to a collection site for testing.

E. Return to Duty Testing

In the event that an employee who has refused a test or who has tested positive is not terminated and is allowed to complete the applicable treatment program described below, before he or she may return to work, he or she must be evaluated by a Substance Abuse Professional, participate in any required substance abuse assistance program, and be tested for drugs and/or alcohol. This test is directly observed and a negative test is required before resuming driving duties.

F. Follow-Up Testing

Any driver who is allowed to return to work following a positive test or a refusal, and has satisfactorily passed the return-to-duty testing and has completed the required substance abuse assistance programs, will be subject to additional follow up tests over and above the general random tests applied by the College. The employee will be subject to a minimum of six directly observed tests during the first 12 months following the return, and further testing can be extended an additional four years. The dates, times, and conditions of the testing will be established by the College, in conjunction with any written follow-up testing programs and input from the Substance Abuse Professional.

V. CONDUCT CONSTITUTING A “REFUSAL”

Any driver conduct that constitutes a “refusal” to participate in a required drug or alcohol test is considered a positive test result. The following summarizes some of the conduct, which can constitute a “refusal:

A. Refusals

Refuse to submit (to an alcohol or controlled substances test) means that a driver:

1. Fails to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer. This includes the failure of an employee to appear for a test when called by a Consortium/Third Party Administrator;
2. Fails to remain at the testing site until the testing process is complete. Provided, that an employee who leaves the testing site before the testing process commences a pre-employment test is not deemed to have refused to test;

3. Fails to provide a urine specimen for any drug test required by this part, or DOT agency regulations. Provided, that an employee who does not provide a urine specimen because he or she has left the testing site before the testing process commences for a pre-employment test is not deemed to have refused to test;
4. In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the driver's provision of a specimen;
5. Fails to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;
6. Fails or declines to take a second test the employer or collector has directed the driver to take;
7. Fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER. In the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment;
8. Fails to cooperate with any part of the testing process (e.g., refuses to empty pockets when so directed by the collector, behaves in a confrontational way that disrupts the collection process); or
9. Is reported by the MRO as having a verified adulterated or substituted test result.

B. Invalid Urine Tests

Federal law requires procedures be followed (called “Validity Testing”) to ensure that no urine sample is subject to “tampering” or other conduct which might lead to an inaccurate test result. The following situations could lead to urine test results being classified as a “refusal”:

1. Diluted Specimens: A urine sample that exhibits unexpectedly low amounts of creatinine and specific gravity value for human urine will be considered to be a “diluted specimen”. A diluted specimen that tests positive is treated as a positive test. If a diluted specimen tests negative, the employee may be required to immediately submit to a second test. The failure to submit to a second test may be considered a “refusal”.
2. Substituted Specimen: A urine specimen that exhibits such low levels of creatinine and specific gravity value that are deemed to be inconsistent with human urine will be considered to be a “substituted specimen”. A substituted specimen is treated as a “refusal”.

3. Adulterated Specimen: A urine specimen that contains substances not expected in human urine, or a specimen containing expected substances, but in unexpectedly high concentrations will be considered to be an “adulterated specimen”. An adulterated specimen is treated as a “refusal”.
4. Invalid Specimen: A urine specimen where there is an unexplained interfering substance will be considered to be an invalid specimen. An employee must provide a legitimate medical explanation for the result. If none exists, and if the employee denies tampering, he or she must immediately submit to a second test under “direct observation” procedures. If the employee admits to having adulterated or substituted the specimen, it is treated as a “refusal”. If the invalid test results from circumstances unrelated to employee conduct (such as spilled specimens, damaged specimens, or specimens improperly collected), the test will be disregarded, but the employee must immediately submit a new specimen, but not under direct observation procedures.
5. Insufficient Urine Specimen: An employee who is unable to provide a sufficient urine specimen will be urged to drink up to 40 ounces of fluid over a three hour period to aid in providing a sufficient urine sample. If no sufficient sample can be obtained within three hours of arriving at the test site, the College is notified, and the employee will be required to be examined by a licensed physician within five working days to determine whether there is a valid medical reason for the inability to provide a sufficient specimen. If no reason is verified, the test is treated as a “refusal”. (If there is a legitimate medical reason, the test is canceled.)

C. Insufficient Alcohol Breathalyzer Test

An employee who is unable to provide a sufficient breathalyzer specimen after three attempts will be required to be examined by a licensed physician within five working days to determine whether there is a valid medical explanation for the failure. If the failure is not based on any legitimate medical reason, the test is treated as a “refusal”. (If there is a legitimate medical reason, the test is canceled.)

VI. CONSEQUENCES OF VIOLATIONS OF THIS POLICY

Drivers who violate this Policy are subject to a number of overlapping adverse consequences, some imposed by federal law, and others imposed by the College. These include the following:

A. Refusals or Interference with Testing

A refusal or interference with testing constitutes both a violation of this Policy, and must be considered a positive test result under federal law. The consequences for positive test results are listed below.

B. Positive Alcohol Tests

Federal law imposes several consequences for a positive alcohol test.

1. .02 to .039 Breath Alcohol Concentration: Drivers who have a positive test result of .02 or greater but less than .04 alcohol concentration must be removed from all safety sensitive functions for a period of at least 24 hours.
2. Alcohol Concentration of .04 or Greater: Drivers with an alcohol concentration of .04 or greater must be removed from all safety sensitive functions immediately. Before being reassigned to any safety sensitive function for any employer, the employee must consult with a DOT qualified Substance Abuse Professional, complete any treatment assigned by that professional, and submit to return to work and follow up testing.

C. Positive Drug Test

Any employee who tests positive for controlled substances must be immediately removed from all safety sensitive functions. Before being reassigned to any safety sensitive function for any employer, the employee must meet with a DOT-qualified Substance Abuse Professional, complete any required treatment recommended by that professional, and submit to return to work and follow up testing.

D. Other Violations

Other violations of this Policy shall result in corrective action imposed by the College.

E. Other Corrective Action

The College reserves the right to impose other corrective action, in addition to the consequences imposed by federal law, for any violations of this Policy, up to and including discharge of the employee.

VII. IDENTITY OF PERSONS RESPONSIBLE FOR ADMINISTERING THIS POLICY

There are a number of individuals and professionals employed by or retained by the College to administer this Policy that will have contact with drivers regarding the above procedures.

A. College Representatives

The primary College representative (known as the “Designated Employer Representative”) responsible for administering this Policy and answering questions concerning the Policy is:

Manager of Compensation, Benefits, and HRIS
920-403-3982

Director of Human Resources
920-403-3210

B. Medical Review Officers

The College has retained qualified, licensed physicians to serve as “Medical Review Officers” (“MRO”) under this Policy:

Bellin Health Occupational Health Services
Designated Medical Review Officers
(920) 433-3448

The Medical Review Officers perform key responsibilities under this Policy, including the following:

- Medical Review Officers receive the test results from the laboratories that test the urine samples, and then review and interpret the test results.
- In the case of a positive test result, the Medical Review Officer attempts to personally contact the driver prior to the College being informed of the positive test result.
- If the Medical Review Officer is able to contact the driver, the positive test result will be discussed with the driver, and information may be shared and analyzed to provide possible explanations for the positive test result.
- The Medical Review Officers ultimately notify the College of any verified positive test results.
- The Medical Review Officers also provide general medical guidance to the College and, in some cases, to the drivers, with respect to administration of this Policy.

C. Substance Abuse Professionals

The College has identified the following Substance Abuse Professionals to assist employees with substance abuse issues:

Ceridian LifeWorks - Employee Assistance Provider
Substance Abuse Case Management Team (SACM)
1-800-608-7515

Drivers who test positive (or are considered to have tested “positive” as a result of a “refusal”) will be referred to a Substance Abuse Professional who is properly qualified under DOT rules. Drivers will be required, before being reassigned to a safety sensitive function (for this or any other College) to comply with all of the following procedures:

- Submit to an initial face-to-face assessment and evaluation by the Substance Abuse Professional.
- The Substance Abuse Professional will refer the driver to an appropriate education and/or treatment program based on the initial assessment and evaluation. (This could include, but is not limited to, educational programs such as self-help groups (for example Alcoholics Anonymous), community lectures, drug and alcohol educational courses, outpatient counseling programs, after care programs, partial inpatient treatment programs or inpatient hospitalization.)
- The driver must complete the education and/or treatment program assigned by the Substance Abuse Professional.
- The driver must submit to a follow-up face-to-face reevaluation with the Substance Abuse Professional after completing the education or treatment program assigned to them.
- The driver must comply with follow-up drug and/or alcohol testing, as well as possible continuing education and/or treatment, as directed by the College (with input from the Substance Abuse Professional).

The College is not required to pay for any services provided by the Substance Abuse Professionals under this Policy and that cost may be required to be paid by the employee.

D. Breath Alcohol / Urine Collection Site Locations (Third Party Facility)

Employees may be sent to the following locations for testing under this Policy:

Bellin Health Occupational Health Solutions
1630 Commanche Avenue
Green Bay, WI 54313
Phone: 920-430-4562

VIII. PROCEDURES AND SAFEGUARDS USED IN CONDUCTING THE DRUG AND ALCOHOL TESTING

The College has adopted a multitude of procedures to safeguard the accuracy of testing procedures to protect employees from inaccurate results and inadvertent consequences. These safeguards include the College’s retention of qualified, trained personnel to conduct the drug and alcohol testing, retention of trained, qualified, and federally certified laboratories to perform the analysis of urine samples, the retention of qualified and trained physicians to serve as Medical Review Officers, the internal training of the College’s supervisors and other personnel charged with administering this Policy, and other measures.

The College complies with the federally regulated procedures for conducting the collection and testing of breath and urine samples under this Policy. Attached, as Appendix “A” is a summary of those testing procedures and other safeguards.

One important feature of the safeguards is the employee’s right to test, at a second laboratory, at the employee’s cost, the split sample of the urine specimen.

IX. ADVERSE MEDICAL CONSEQUENCES OF DRUG AND ALCOHOL USE

The federal government also requires the College to provide information to drivers about the adverse consequences of drug and alcohol use. Attached, as Appendix “B” is a description of adverse consequences associated with drug and alcohol use. Further information may be obtained from the substance abuse professionals listed above.

X. CONCLUSION

The College anticipates that this Policy will serve to increase the productivity of its workforce, promote safety in the workplace and to our employees in the public, and advance the health and well being of our employees. We ask each of you to commit yourselves to this policy and together we can make it work.

Violation of this Policy may have severe consequences to the employee and also to the employee's family and dependents. Employees are urged to take this into consideration in their future actions.

The College is confident that this Policy will not overburden its employees and will serve to increase morale, safety and productivity in our workplace.

All employees must sign the Acknowledgment page attached at the end of this Policy and return it to the College.

Appendix “A”

TESTING PROCEDURES AND SAFEGUARDS

The College complies with the drug and alcohol testing procedures prescribed by the federal DOT rules. The College has also established additional safeguards to facilitate the accuracy of test results and to provide assurances to its employees.

A. Qualifications

One of the principal safeguards for our employees are federal regulations requiring qualifications, training, and certification for “collectors” (both urine and breath-alcohol), laboratory, Medical Review Officers, and College supervisors/managers. Our College has retained collectors, laboratories, and Medical Review Officers that meet these requirements, and we have conducted necessary training of applicable management staff.

In addition, the law requires that collection “sites” meet very specific standards. Finally, documentation of the collection and testing process must be completed and preserved pursuant to federally required forms and procedures.

B. Urine Collection Procedures for Drug Testing

The following is a summary of the urine drug screen collection and test process (note that these procedures are subject to change as may be required by federal law):

1. Employees are required to report immediately to the designated collection site for any required testing. The collector will notify the College of late arrivals.
2. In the event alcohol testing is also required, the alcohol testing must be done before the urine collection if practicable.
3. The employee must submit a picture ID to the collector or be identified by an employer representative. The employee may request the collector to present identification.
4. The collector will review the collection procedures with the employee and review the federally required form which will be completed by both the employee and the collector. The form is entitled “Federal Drug Testing Custody and Control Form”.
5. The employee will then be required to remove outer clothing (such as overcoats, coveralls, suit coats, or hats), and will be required to store all personal belongings, such as briefcases, purses, and other items, in a mutually agreeable location.

6. The employee will then be required to empty their pockets to display the items to the collector. If the collector determines that nothing can be used to adulterate a urine specimen, the items will be allowed to be returned to the pockets. If the collector identifies items that could be used to tamper with a specimen, the collector will require that the employee submit to a “directly observed” collection (unless the collector determines that the materials were brought in inadvertently).
7. The employee will then be instructed to wash and dry their hands. The employee will not have access to water or other materials to be used to adulterate or dilute the urine specimen after this point in the procedure.
8. The collector or employee will then unwrap a sealed “collection container”. This is the only item that the employee is allowed to take into the room for urination.
9. The employee will be instructed to then enter the room used for urination, provide a specimen of at least 45 ml, not flush the toilet, and return the specimen as soon as the employee has completed the process. No one will be in the room with the employee except in the case of an “observed” or “monitored” collection.
10. The employee will then present the urine sample to the collector.
 - a. There must be at least 45 ml of urine. If there is not, the collector will proceed with “shy bladder” procedures.
 - b. The urine sample must be within the federally acceptable temperature ranges. If it is not, a new collection will be immediately required using “direct observation” procedures.
 - c. The collector will observe the specimen for signs of tampering. If tampering is indicated, the employee will be required to provide a new collection using “direct observation” procedures.
11. In the event that the employee cannot provide a sufficient amount of urine, the employee will be allowed up to three hours to provide another specimen (the “shy bladder” procedures). During that time, the employee will be allowed to drink up to 40 ounces of fluid. If the employee refuses to attempt to provide a second specimen, it will be designated a “refusal”. If the employee is unable to provide a sufficient specimen within three hours, the College will be notified and the employee will be required to submit to an evaluation by a licensed physician to determine if there is a medical explanation.
12. In several situations (for example, urine sample not within federally accepted temperature ranges, or evidence of tampering exists), the employee will be required to submit to “direct observation” collection procedures, which include the following:

- a. A person (known as the “observer”) will be required to specifically observe the employee’s urine go from the employee’s body into the collection container.
 - b. The “observer” may be the collector, but is not required to be the collector.
 - c. The “observer” is required to be the same gender as the employee.
 - d. If the observer is not the collector, the observer cannot take the specimen directly from the employee, but must watch the container while the employee submits it to the collector.
13. After obtaining a proper urine sample, the collector will divide the urine sample into two specimen bottles, one used for the “primary” collection/testing, and the second used for “split-specimen” testing. A seal will be placed on the bottles, and the employee will be asked to initial the seals.
14. The employee and the collector will then complete the remainder of the Federal Drug Testing Custody and Control Form, and that form will be placed with the specimen bottles for delivery to the laboratory.
15. The laboratory will test for five drugs or classes of drugs:
 - a. Marijuana
 - b. Cocaine
 - c. Amphetamines
 - d. Opiates
 - e. Phencyclidine (PCP)
16. The laboratory will also conduct “validity testing” to determine whether the sample was adulterated, substituted, or diluted.
17. The laboratory will then issue one of the following findings regarding the urine sample:
 - a. The urine sample is negative
 - b. The sample was negative—diluted
 - c. The sample was rejected for testing (with an explanation)
 - d. The sample was positive (with the specific drugs noted)
 - e. The sample was positive (with the specific drugs noted and diluted)
 - f. The sample was adulterated (with an explanation)
 - g. The sample was substituted (with an explanation)
 - h. There was an invalid result (with an explanation)
18. The laboratory results are then conveyed to the Medical Review Officer (not to the College).

19. The Medical Review Officer will review the tests and determine whether there is a legitimate medical explanation for all confirmed positive, adulterated, substituted, or invalid test results. If there is a confirmed positive, adulterated, substituted, or invalid drug test, the Medical Review Officer will conduct a “verification interview” with the employee. During that interview, the employee may indicate any medications or other substances that the employee is using or medical conditions the employee reports having that may have affected the test result. The Medical Review Officer may contact the employee’s physician and take all necessary and reasonable steps to verify any medical information that the employee presents. The Medical Review Officer may direct the employee to undergo further medical evaluation by the Medical Review Officer or another physician.
20. The Medical Review Officer will also inform the employee of his or her right to have the “split specimen” tested by another laboratory (at the employee’s cost).
21. The Medical Review Officer will attempt to reach the employee at least three times over a 24-hour period. If the Medical Review Officer is unable to reach the employee, the College will be notified and the College will attempt to contact the employee and inform the employee to contact the Medical Review Officer.
22. The Medical Review Officer will not verify a positive test result to the employer without communicating to the employee, unless the employee declines the opportunity to discuss the test result, more than 72 hours have passed since the College contacted the employee to advise him to contact the Medical Review Officer, or if neither the Medical Review Officer nor the College has been able to contact the employee within 10 days from the date that the Medical Review Officer received the confirmed test result.
23. If the employee elects to have the split specimen tested, he or she must notify the Medical Review Officer within 72 hours after being advised of their rights.
24. The Medical Review Officer will notify the College of the final test results, and the College will proceed as indicated in this policy.

C. Alcohol Testing Procedures

The following is a description of the procedures used to test for the employee’s possible use of alcohol (note that these procedures are subject to change as may be required by federal law):

1. Like the drug testing procedures, the employee must report immediately to the collection site for any required testing.
2. The employee must provide a picture ID or be identified by an employer representative.

3. The technician and the employee will then review the federally required form (the “Alcohol Testing Form”), which will be completed by both the technician and the employee.
4. The alcohol testing is then performed in two stages, an initial or “screening” test, and a final or “confirmation” test.
5. The screening test can be performed using either a breath test or a saliva test, but either type of test must be performed with a device that has been pre-approved by the federal government.
6. During this screening test, the technician will unwrap the mouthpiece (for a breathalyzer device) in front of the employee and ask the employee to blow into the mouthpiece for at least six seconds or until an adequate amount of breath has been obtained.
7. If a saliva test is used, the technician will open the package containing the device in front of the employee and will either allow the employee to insert the device into his mouth or will, with the employee’s permission, insert the device into the employee’s mouth (wearing approved gloves), and obtain the necessary amount of saliva on the test device.
8. If insufficient saliva is provided, the employee will be required to make another attempt. If the second attempt does not result in sufficient saliva, the College will be notified, and the employee will be required to submit to a breath-testing device to perform the screening test.
9. If insufficient breath is provided, the employee will be instructed to make a second attempt. If there is insufficient breath after the second attempt, the collector may allow the employee to make a third attempt. If there is insufficient breath after three attempts, then, for initial screening, a saliva test may be used, but for the final testing, the employee will be directed to obtain, within five working days, an evaluation from a licensed physician to determine whether there is a medical explanation for the failure. If no medical explanation is provided, the test will be considered a “refusal”.
10. The employee will then be informed of the results of the breath or saliva-screening test.
11. If the screening test result is less than .02 alcohol concentration, the test will be considered a negative and the employee will be dismissed.
12. If the screening test result indicates an alcohol concentration of .02 or higher, a confirmation test must be given.

13. Before the confirmation test is given, a “waiting period” of at least 15 minutes, but not more than 30 minutes, must occur. During this period, the employee is not allowed to eat, drink or put anything (such as a cigarette or chewing gum) in their mouth, or belch. Note: Careful compliance with the waiting period is for the employee’s benefit—the purpose is to prevent an accumulation of mouth alcohol leading to an artificially high reading. The confirmation test will be performed even if the employee has not complied with the waiting period instructions.
14. The confirmation test will be performed on a breathalyzer device.
15. The technician will conduct an air blank on the breathalyzer machine and show the reading to the employee. The reading should be 0.00. If it is not, a second test will be done. If that test does not reflect a 0.00 reading, the breathalyzer will be taken out of service and a different one used.
16. The technician will then open the mouthpiece and insert it into the device, and the employee will then be required to blow into the mouthpiece for least six seconds or until an adequate amount of breath is obtained. (If insufficient breath is provided, the same steps as in the screening process will be followed.)
17. The technician will then complete the Alcohol Testing Form, indicating the results of the breathalyzer.
18. Results will be communicated to the College by the technician, and the College will proceed as indicated in this policy.

D. Record Maintenance

An additional safeguard is reflected in the procedures for safekeeping various records relating to the collection and testing process. The following is a description of the records that are maintained by the College, and the length of time for which the records are maintained:

<u>Retention Period</u>	<u>Document</u>
5 Years	<ul style="list-style-type: none"> • Alcohol test results indicating a breath alcohol concentration of 0.02 or greater • Verified positive drug test results • Refusals to submit to required alcohol or drug tests • Required calibration of evidential breath testing devices (EBT’s) • Substance abuse professional’s (SAP’s) evaluations and referrals • Annual calendar year summary • All follow-up tests and schedules for follow-up tests

- | | |
|---------|---|
| 3 Years | <ul style="list-style-type: none">• Information obtained from previous employers concerning drug and alcohol test results of employees |
| 2 Years | <ul style="list-style-type: none">• Records related to the collection process and training• Records of the inspection, maintenance, and calibration of EBT's |
| 1 Year | <ul style="list-style-type: none">• Negative and cancelled drug test results• Alcohol test results indicating a breath alcohol concentration less than 0.02 |

All results are confidential, available only to the Medical Review Officer and authorized personnel at the College. Results may not be released to anyone else without the written permission of the employee, except:

1. Upon request by the DOT or a state agency as part of an accident or investigation.
2. Without names for statistical evaluations.
3. For training records.

Appendix “B”

ADVERSE MEDICAL EFFECTS OF ALCOHOL AND DRUG USE

Federal law mandates that all employees be provided with training material discussing the effects of alcohol and controlled substance use on an individual’s health, work, and personal life. This material is intended to help individuals understand the personal consequences of substance abuse.

Alcohol

Although used routinely as a beverage for enjoyment, alcohol can also have negative physical and mood-altering effects when abused. These physical or mental alterations may have serious personal and public safety risks.

Health Effects

An average of three or more servings per day of beer (12 oz), whiskey (1 oz) or wine (6 oz) over time may result in the following health hazards:

- Dependency.
- Fatal liver disease.
- Kidney disease.
- Pancreatitis.
- Ulcers.
- Decreased sexual functions.
- Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast and malignant melanoma.
- Spontaneous abortion and neonatal mortality.
- Birth defects.

Social Issues

- 2/3 of all homicides are committed by people who drink prior to the crime.
- 2-3% of the driving populations are legally drunk at any one time. This rate doubles at night and on weekends.
- 2/3 of all Americans will be involved in an alcohol-related vehicle accident during their lifetime.
- The separation and divorce rate in families with alcohol dependency problems is seven times the average.
- 40% of family court cases are alcohol related.
- Alcoholics are 15 times more likely to commit suicide.
- More than 60% of burns, 40% of falls, 69% of boating accidents, and 76% of private aircraft accidents are alcohol related.

- In 2014, 9,967 people were killed in alcohol-impaired driving crashes, accounting for nearly one-third (31%) of all traffic-related deaths in the United States.¹
- Of the 1,070 traffic deaths among children ages 0 to 14 years in 2014, 209 (19%) involved an alcohol-impaired driver.¹
- Of the 209 child passengers ages 14 and younger who died in alcohol-impaired driving crashes in 2014, over half (116) were riding in the vehicle with the alcohol-impaired driver.¹
- In 2014, over 1.1 million drivers were arrested for driving under the influence of alcohol or narcotics.³ That's one percent of the 121 million self-reported episodes of alcohol-impaired driving among U.S. adults each year.⁴
- Drugs other than alcohol (legal and illegal) are involved in about 16% of motor vehicle crashes.⁵
- Marijuana use is increasing⁶ and 13% of nighttime, weekend drivers have marijuana in their system.⁷
- Marijuana users were about 25% more likely to be involved in a crash than drivers with no evidence of marijuana use, however other factors – such as age and gender – may account for the increased crash risk among marijuana users.⁵
- 30,000 people will die each year from alcohol-caused liver disease.
- 10,000 people will die each year due to alcohol-related brain disease or suicide.
- Up to 125,000 people die each year due to alcohol-related conditions or accidents.

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Workplace Issues

- It takes one hour for the average person (150#) to process one serving of alcohol from the body.

- A person who is legally intoxicated is six times more likely to have an accident than a sober person.

Alcohol's Trip Through the Body

Mouth and Esophagus: Alcohol is an irritant to the delicate linings of the throat and food pipe. It burns as it goes down.

Stomach and Intestines: Alcohol has an irritating effect on the stomach's protective lining, resulting in gastric or duodenal ulcers. This condition, if it becomes acute, can cause peritonitis or perforation of the stomach wall. In the small intestine alcohol blocks absorption of such substances as thiamine, folic acid, fat, vitamin B1, vitamin B12, and amino acids.

Blood stream: 95% of the alcohol taken into the body is absorbed into the bloodstream through the lining of the stomach and duodenum. Once in the bloodstream, alcohol quickly goes to every cell and tissue in the body. Alcohol causes red blood cells to clump together in sticky wads, slowing circulation and depriving tissues of oxygen. It also causes anemia by reduction of red blood cell production. Alcohol slows the ability of white cells to engulf and destroy bacteria and degenerates the clotting ability of blood platelets.

Pancreas: Alcohol irritates the cells of the pancreas, causing them to swell, thus blocking the flow of digestive enzymes. The chemicals, unable to enter the small intestine, begin to digest the pancreas, leading to acute hemorrhagic pancreatitis. One out of five patients who develop this disease die during the first attack. Pancreatitis can destroy the pancreas and cause a lack of insulin, thus resulting in diabetes.

Liver: Alcohol inflames the cells of the liver, causing them to swell and block the tiny canal to the small intestines. This prevents bile from being filtered properly through the liver. Jaundice develops, turning the whites of the eyes and skin yellow. Each drink of alcohol increases the number of liver cells destroyed, eventually causing cirrhosis of the liver. This disease is eight times more frequent among alcoholics than among nonalcoholics.

Heart: Alcohol causes inflammation of the heart muscle. It has a toxic effect on the heart and causes increased amounts of fat to collect, thus disrupting its normal metabolism.

Urinary Bladder and Kidneys: Alcohol inflames the lining of the urinary bladder, making it unable to stretch properly. In the kidneys, alcohol causes increased loss of fluids through its irritating effect.

Sex Glands: Swelling of the prostate gland caused by alcohol interferes with the ability of the male to perform sexually. It also interferes with the ability to climax during intercourse.

Brain: The most dramatic and noticed effect of alcohol is on the brain. It depresses brain centers, producing progressive incoordination: confusion, disorientation, stupor, anesthesia, coma, and death. Alcohol kills brain cells and brain damage is permanent. Drinking over a period of time causes loss of memory, judgment, and learning ability.

Marijuana

Health Effects

- Emphysema-like conditions.
- One joint of marijuana contains cancer-causing substances equal to 1/2 pack of cigarettes.
- One joint causes the heart to race and be overworked. People with heart conditions are at risk.
- Marijuana is commonly contaminated with the fungus *Aspergillus* which can cause serious respiratory tract and sinus infections.
- Marijuana lowers the body's immune system response, making users more susceptible to infection.
- Chronic smoking causes changes in brain cells and brain waves. The brain does not work as efficiently or effectively. Long-term brain damage may occur.
- Tetrahydrocannabinol (THC) and 60 other chemicals in marijuana concentrate in the ovaries and testes.
- Chronic smoking of marijuana in males causes a decrease in testosterone and an increase in estrogen, the female hormone. As a result, the sperm count is reduced, leading to temporary sterility.
- Chronic smoking of marijuana in females causes a decrease in fertility.
- A higher-than-normal incidence of stillborn births, early terminations of pregnancy, and higher infant mortality rate during the first few days of life are common in pregnant marijuana smokers.
- THC causes birth defects including brain damage, spinal cord, forelimbs, liver, and water on the brain and spine in test animals.
- Prenatal exposure may cause underweight newborn babies.
- Fetal exposure may decrease visual functioning.
- User's mental function can display the following effects:
 - Delayed decision-making.
 - Diminished concentration.
 - Impaired short-term memory.
 - Impaired signal detection.
 - Impaired tracking.
 - Erratic cognitive function.
 - Distortion of time estimation.

Workplace Issues

- THC is stored in body fat and slowly released.

- Marijuana smoking has long-term effects on performance.
- Increased THC potency in modern marijuana dramatically compounds the side effects.
- Combining alcohol or other depressant drugs with marijuana increases the impairing effects of both.

Cocaine

Used medically as a local anesthetic. When abused, it becomes a powerful physical and mental stimulant. The entire nervous system is energized. Muscles tense, the heartbeats faster and stronger, and the body burn more energy. The brain experiences exhilaration caused by a large release of neurohormones associated with mood elevation.

Health Effects

- Regular use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing damage to critical nerve cells. Parkinson's Disease could also occur.
- Cocaine causes the heart to beat faster, harder, and rapidly increase blood pressure. It also causes spasms of blood vessels in the brain and heart. Both lead to ruptured vessels, causing strokes and heart attacks.
- Strong dependency can occur with one "hit" of cocaine. Usually mental dependency occurs within days for "crack" or within several months for snorting coke. Cocaine causes the strongest mental dependency of all the drugs.
- Treatment success rates are lower than other chemical dependencies.
- Extremely dangerous when taking with other depressant drugs. Death due to overdose is rapid. Fatal effects are usually not reversible by medical intervention.

Workplace Issues

- Extreme mood and energy swings create instability. Sudden noise causes a violent reaction.
- Lapses in attention – ignoring warning signals, increases probability of accidents.
- High cost frequently leads to theft and/or dealing.
- Paranoia and withdrawal may create unpredictable or violent behavior.
- Performance is characterized by forgetfulness, absenteeism, tardiness, and missing assignments.

Opiates

Narcotic drugs, which alleviate pain and depress body functions and reactions.

Health Effects

- IV needle users have a high risk of contracting hepatitis or AIDS when sharing needles.

- Increase pain tolerance. As a result, a person may more severely injure him or herself and fail to seek medical attention as needed.
- Narcotic effects are multiplied when combined with other depressants, causing an increased risk for an overdose.
- Because of tolerance, there is an ever-increasing need for more.
- Strong mental and physical dependency occurs.
- With increased tolerance and dependency combined, there is a serious financial burden for the users.

Workplace Issues

- Side effects such as nausea, vomiting, dizziness, mental clouding, and drowsiness place the user at high risk for an accident.
- Causes impairment of physical and mental functions.

Amphetamines

A central nervous system stimulant that speeds up the mind and body.

Health Effects

- Regular use causes strong psychological dependency and increased tolerance.
- High doses may cause toxic psychosis resembling schizophrenia.
- Intoxication may induce a heart attack or stroke due to increased blood pressure.
- Chronic use may cause heart or brain damage due to severe constriction of capillary blood vessels.
- Euphoric stimulation increases impulsive and risk-taking behavior, including bizarre and violent acts.
- Withdrawal may result in severe physical and mental depression.

Workplace Issues

- Since the drug alleviates the sensation of fatigue, it may be abused to increase alertness during periods of overtime or failure to get rest.
- With heavy use or increasing fatigue, the short-term mental or physical enhancement reverses and becomes impairment.

Phencyclidine (PCP)

Often used as a large animal tranquilizer. Abused primarily for its mood-alerting effects. Low doses produce sedation and euphoric mood changes. Mood can rapidly change from sedation to excitation and agitation. Larger doses may produce a coma-like condition with muscle rigidity and a blank stare. Sudden noises or physical shocks may cause a “freak out” in which the person has abnormal strength, violent behavior, and an inability to speak or comprehend.

Health Effects

- The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.
- PCP, when combined with other depressants including alcohol, increases the possibility of an overdose.
- If misdiagnosed as LSD induced and treating with Thorazine, can be fatal.
- Irreversible memory loss, personality changes, and thought disorders may result.

Workplace Issues

- Not common in workplace primarily because of the severe disorientation that occurs.
- There are four phases of PCP abuse:
- Acute toxicity causing combativeness, catatonia, convulsions, and coma.
- Toxic psychosis with visual and auditory delusions, paranoia, and agitation.
- Drug-induced schizophrenia.
- Induced depression, which may create suicidal tendencies and mental dysfunction.

**ACKNOWLEDGEMENT OF RECEIPT
OF SUBSTANCE ABUSE POLICY**

I hereby acknowledge receipt of my employer's Substance Abuse Policy and the education section on the "Adverse Medical Effects of Alcohol and Drug Use". I understand that compliance with this Policy is a condition of my continued employment.

Employee's Signature

Employee's Name (Printed)

Social Security Number

Date Signed

This sheet must be returned to your supervisor or the Human Resources department within seven (7) days of date issued with your signature and date. This will be kept in your driver qualification file for our College records.