

**U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL MOTOR CARRIER SAFETY  
ADMINISTRATION  
(FMCSA)  
DRUG-FREE WORKPLACE POLICY**

**Effective**

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**Hamilton Community Schools**

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## **A. Forward**

Among HAMILTON COMMUNITY SCHOOLS most vital concerns are the safety, health, and well-being of its drivers and all people who come into contact with its workforce, property, and/or its products, and services. It is our goal to provide a healthy, satisfying work environment that promotes personal opportunities for growth. Furthermore, our drivers have the right to work with persons free from the effects of alcohol and/or drugs.

HAMILTON COMMUNITY SCHOOLS does not intend to intrude into the private lives of its drivers and recognizes the drivers' off-the-job as well as on-the-job-involvement with illegal drugs can have a negative impact on the workplace, fellow drivers and customers. Drivers are expected to report for work with no illegal drugs in their bodies and free of all adverse effects of alcohol misuse. HAMILTON COMMUNITY SCHOOLS encourages drivers to seek professional assistance any time for personal problems, including alcohol or drug dependency that adversely affects their ability to perform their assigned duties.

Supervisors of HAMILTON COMMUNITY SCHOOLS are dedicated to the fair and equitable application of this policy. They are required to apply all aspects of this policy and to use it in an unbiased and impartial manner.

## **B. Purpose**

The U.S. Department of Transportation (DOT) and the Federal Motor Carrier Safety Administration (FMCSA), an agency within the DOT, have issued regulations (49 CFR Part 40, Procedures for Transportation Workplace Drug Testing Programs, 49 CFR Part 382, Controlled Substances and Alcohol Use and Testing-Federal Motor Carrier Safety Administration, hereinafter referred to as "DOT regulations") which govern the use of drugs and alcohol by employees who hold a Commercial Driver's License (CDL) and drive a Commercial Motor Vehicle (CMV) [Refer to the definition of a CMV in Section C of this Policy].

The FMCSA requires an employer to conduct drug and alcohol testing of its drivers at the times and under the conditions described in this Policy. The regulations apply to every person who operates a CMV in interstate, foreign, or intrastate commerce, to all employers of such persons and to all states.

In the event DOT regulations are amended or revised, the Policy and the applicable terms, conditions, and/or requirements shall be deemed to have been amended automatically. Redrafting will not be necessary in order to reflect and be in compliance with DOT regulations. HAMILTON COMMUNITY SCHOOLS reserves the right to apply the amended or revised requirements immediately, without prior notice to drivers and/or applicants or other employees covered by this Policy, unless DOT regulations or other applicable law requires such notice.

The purpose of this Policy is to comply with DOT regulations and the Drug-Free Workplace Act of 1988 to ensure a drug and alcohol-free transportation and work environment, to reduce and eliminate drug and alcohol-related accidents, injuries, fatalities, and damage to HAMILTON COMMUNITY SCHOOLS's property. For the purpose of this Policy, any employee performing under the definitions described below will be referred to as "driver".

### **C. Criteria for Employees Subject to Testing**

Under HAMILTON COMMUNITY SCHOOLS's Policy and DOT FMCSA Regulations, drivers who hold a CDL and drive a CMV are subject to the drug and alcohol testing in accordance with federal regulations. CMV means a motor vehicle or a combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle:

- Has a gross vehicle weight rating or gross combination weight of 11,794 kilograms or more (26,001 or more pounds), whichever is greater, inclusive of a towed unit(s) with a gross vehicle weight rating or gross vehicle weight of more than 4,536 kilograms (10,000 pounds), whichever is greater; or
- Has a gross vehicle weight rating or gross vehicle weight of 11,794 or more kilograms (26,001 or more pounds), whichever is greater; or
- Is designed to transport 16 or more passengers, including the driver; or
- Is of any size and is used in the transportation of materials found to be hazardous for the purpose of the Hazardous Materials Act (49 U.S.C. 5103(b)) and which require the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR Part 172, subpart F).

### **D. Applicability: Safety-Sensitive Position**

This policy applies to HAMILTON COMMUNITY SCHOOLS drivers, driver applicants and its mechanics that are required to have a Commercial Driver's License (CDL), or are considered by DOT to be in a safety-sensitive position, full or part-time, leased drivers and owner-operator contractors when they are on HAMILTON COMMUNITY SCHOOLS property or when performing any safety-sensitive function for HAMILTON COMMUNITY SCHOOLS.

Performing a safety-sensitive function means a driver is considered to be performing a safety-sensitive function during any period in which he or she is actually performing, ready to perform, or immediately available to perform any safety-sensitive function. Safety-sensitive functions may include, however, are not limited to the following items:

- (i) All time on HAMILTON COMMUNITY SCHOOLS property, or shipper property, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by HAMILTON COMMUNITY SCHOOLS
- (ii) All time inspecting equipment as required by 49 CFR Part 392 (392.7 & 392.8) or otherwise inspecting, servicing, or conditioning any Commercial Motor Vehicle (CMV) at any time.
- (iii) All time spent at the driving controls of a CMV.

- (iv) All time, other than driving time, in or upon any CMV except time spent resting in a sleeper berth (the berth must conform to the requirements of 49 CFR Part 393.7).
- (v) All time loading or unloading, attending a CMV being loaded or unloaded, remaining in readiness to operate the CMV or in giving or receiving receipts for shipments loaded or unloaded.
- (vi) All time repairing, obtaining assistance, or remaining in the attendance of a disabled CMV.

## **E. Terms & Definitions**

Definitions as used under this Policy are set forth in Addendum A and in greater detail in 49 CFR Parts 40.3 and 382.107.

## **F. Legal Drugs**

For a drug to be legally prescribed the driver must have a prescription or other written approval in his/her name from a licensed physician for the use of the drug in the course of medical treatment. The prescription or written document must also contain the name of the substance, the quantity/amount to be taken, and the period of authorized use. Any abuse or misuse of legal drugs while performing a safety-sensitive function is prohibited by HAMILTON COMMUNITY SCHOOLS.

The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited by HAMILTON COMMUNITY SCHOOLS. However, the use of any substance, which carries a warning label that indicates that motor skills, mental functioning, or judgment may be affected, the driver must report this to supervisory personnel immediately.

If a driver undergoes prescribed medical treatment with a drug or controlled substance, the driver is required to report this treatment to the Designated Employer Representative (DER) prior to performing a safety-sensitive function. A driver must obtain a written release from the prescribing licensed medical practitioner that the medication(s) will not affect the driver's ability to perform safety-sensitive functions safely, including operating a commercial motor vehicle.

HAMILTON COMMUNITY SCHOOLS reserves the right to obtain an independent medical opinion regarding the potential effects of a prescription or over-the-counter drug on a driver's ability to perform safety-sensitive functions.

Further, HAMILTON COMMUNITY SCHOOLS reserves the right to place any driver taking medication(s) on a non-paid leave of absence pending a decision as to whether the driver may continue to perform regular job duties while taking the medication(s).

## **G. Prohibited Substances**

Any substance or illegal drug identified in the Controlled Substance Act (21 U.S.C. 812) is prohibited at all times. This includes, but not limited to, marijuana (THC), amphetamines (AMP), opiates (OPI), phencyclidine (PCP), and cocaine (COC), as well as any drug not approved for medical use by the U.S. Drug Enforcement Administration or the U.S. Food and Drug Administration. Illegal use includes, but not limited to, any illegal drug use, misuse of legally prescribed drugs, and the use of illegally obtained prescription drugs.

The Department of Transportation's Drug and Alcohol Testing Regulation – 49 CFR Part 40, at 40.151(e) – does not authorize "medical marijuana" under a state law to be a valid medical explanation for a transportation employee's positive drug test result.

Marijuana remains a drug listed in Schedule I of the Controlled Substances Act. It remains unacceptable for any safety-sensitive employee subject to drug testing under the Department of Transportation's drug testing regulations to use marijuana.

The consumption of beverages containing alcohol or substances in which alcohol is present (including any medication, mouthwash, food, candy) or any other substance in which alcohol is present while performing safety-sensitive functions for HAMILTON COMMUNITY SCHOOLS is prohibited.

## **H. Prohibited Conduct**

No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater.

No driver shall use alcohol while performing safety-sensitive functions.

No driver shall perform a safety-sensitive function within four (4) hours after using alcohol.

No driver required to take a post-accident alcohol test shall use alcohol for eight (8) hours following the accident or until he/she undergoes a post-accident alcohol test, whichever occurs first.

No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions when the driver uses any controlled substance, except when the use is pursuant to the instructions of a licensed medical practitioner who advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

No employee shall report for duty or remain on duty, if the employee tests positive for controlled substances or has adulterated or substituted a test specimen.

Under HAMILTON COMMUNITY SCHOOLS independent authority, engaging in unlawful manufacture, distribution, dispensing, possession, or use of prohibited substances is prohibited



by any safety-sensitive driver of HAMILTON COMMUNITY SCHOOLS. Drivers who violate this provision will be terminated.

Drivers who violate any of these provisions will be terminated.

All drivers of HAMILTON COMMUNITY SCHOOLS are required to notify their supervisor within five (5) days of any criminal drug statute conviction. Failure to comply with this provision shall result in termination.

## **I. Compliance with Testing Requirements**

All drivers in safety-sensitive positions will be subject to urine drug testing and breath alcohol testing. A refusal to test is considered a violation of DOT regulations and will lead to immediate removal from duty, referral to a Substance Abuse Professional (SAP), and termination of employment. The following items constitute a refusal to test:

- (i) Failure to appear or remain at the test site.
- (ii) Failure to provide a urine specimen when required.
- (iii) Failure to permit direct observation or monitored collection.
- (iv) Declines to take a second test when directed.
- (v) Failure to provide sufficient urine or breath without a valid medical explanation.
- (vi) Failure to undergo a medical evaluation.
- (vii) Failure to cooperate with the testing process.
- (viii) Attempt to dilute, substitute, or tamper with a specimen.
- (ix) Failure to sign the Custody Control Form or Breath Alcohol Form.
- (x) Admits to the collector that he or she adulterated or substituted their specimen.
- (xi) Fails to follow the observer's instructions to raise and lower their clothing and to turn around to permit the observer to determine if the driver has a prosthetic or other device that could be used to interfere with the process.
- (xii) If MRO reports that there is a verified adulterated or substituted test result.
- (xiii) During the MRO interview the employee admits to adulterating or substituting.

## **J. Testing Procedures**

Drug and/or alcohol testing shall be conducted at a facility designated by HAMILTON COMMUNITY SCHOOLS. Drug and/or alcohol collection, analysis and reporting shall be conducted in accordance with the procedures outlined in this Policy and are consistent with the Federal regulations enumerated in 49 CFR Part 40 and all applicable state laws. Required analytical urine drug testing and breath alcohol testing shall be conducted when circumstances warrant or as outlined in the regulations. HAMILTON COMMUNITY SCHOOLS affirms the need to protect individual dignity, privacy, and confidentiality throughout the testing process. If at any time the integrity of the testing procedures or the validity of the tests results are compromised, the test will be cancelled.

## Drug Tests

The drugs that will be tested for include marijuana (THC), cocaine (COC), opiates (OPI), amphetamines (AMP), and phencyclidine (PCP). Urine specimens will be conducted using the split specimen sample method as described in 49 CFR Part 40. Each specimen will be accompanied by a DOT Chain of Custody or Custody and Control Form (CCF) and identified using a unique identification number that attributes the specimen to the correct individual.

The specimen will be sent to a laboratory where a validity test will be performed to ensure that it is non-adulterated human urine. Then an initial drug screen test will be conducted on the primary specimen. For the primary specimen that is not negative, a confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) test will be performed. The primary test will be considered positive if the amounts present are above the minimum thresholds established in 49 CFR Part 40.

All test results from the laboratory will be reported to a Medical Review Officer (MRO). The MRO is a licensed physician with detailed knowledge of substance abuse disorders and drug testing. The MRO is knowledgeable of DOT MRO guidelines and DOT operating administration regulations. The MRO must obtain the appropriate qualification training, satisfactorily complete an examination, and annually complete twelve (12) hours of professional development related to MRO functions as mandated in 49 CFR Part 40.

The MRO will review all test results to ensure the scientific validity of the test and to determine whether there is a legitimate medical explanation for a confirmed positive test result. The MRO will contact the driver, notify him/her of the positive laboratory result, and provide the driver with an opportunity to explain the confirmed test result. The MRO will subsequently review the driver's medical history/records to determine whether there is a legitimate medical explanation for the positive test result. If no legitimate medical explanation is found, the test will be verified positive and reported to HAMILTON COMMUNITY SCHOOLS's Designated Employee Representative (DER). If a legitimate medical explanation is found, the MRO will report the test as negative.

If the MRO indicates that a recollection under direct observation is required because of creatinine concentration of the specimen was equal to or greater than 2mg/dL but less than or equal to 5 mg/dL, HAMILTON COMMUNITY SCHOOLS must immediately instruct the driver to undergo a recollection under direct observation. This DOT regulation rules out the possibility that employers do not receive a report indicating a substituted specimen for donors who may naturally produce low creatinine levels.

If the creatinine concentration of the dilute specimen is greater than 5 mg/dL but less than or equal to 20 mg/dL, HAMILTON COMMUNITY SCHOOLS will direct the driver to take another test immediately. Such collections will be unobserved, unless there is another basis for use of direct observation (i.e. 49 CFR Part 40.67(b)). A refusal to submit to the second test will be deemed a refusal to test and a violation of DOT regulations. The result of the second test will be the result

of record. If the second test is also dilute negative, HAMILTON COMMUNITY SCHOOLS will not make the driver take a third test, unless the MRO directs a recollection under direct observation.

The split specimen sample will be stored at the initial laboratory until the analysis of the primary specimen is complete. If the primary specimen is negative, the split sample will be discarded. However, if the primary specimen is positive, the split sample specimen will be retained by the initial laboratory for testing if so requested by the driver through the MRO within 72 hours of being notified. The split sample specimen, if requested to be tested, will be sent to an alternate certified laboratory for testing, at the expense of the driver or applicant.

### **Safeguards for Controlled Substance Testing**

- The Collector must complete mandated qualification training as defined in 49 CFR Part 40 to be able to perform collections.
- The Collector must obtain photo identification from the driver or be identified by a HAMILTON COMMUNITY SCHOOLS representative prior to administering the test.
- The Collector will ask the driver to display the contents of their pockets prior to the test being taken.
- The Collector will ask the driver to wash their hands only with water or a moist towelette.
- The Collector and driver will check the identification numbers of the seals with the number on the CCF.
- The Collector will ask the driver to sign the CCF signifying the correctness of the data for test reporting.
- The Collector will unwrap and wrap the specimen containers in the presence of the driver.
- After the specimen is collected, the Collector will inspect the specimen for sufficient volume, temperature and signs of tampering.
- The specimen sample containers are placed in a shipping container, sealed with tamper proof seals in the presence of the driver. The driver will be asked to initial the seals on the specimen sample containers.
- The Laboratory will check the seals on the specimen bottles upon receipt to ensure they are not broken, if they are broken, the Laboratory will report the test as cancelled.
- The Laboratory will report the results to the MRO by electronic communication.

### **Direct Observation Collection is Mandatory in the Following Circumstances**

- The Laboratory reports an invalid specimen / invalid result and the MRO reports there was not an adequate medical explanation for the results.
- The test results are reported as positive adulterated or substituted cancelled with no split specimen sample available.
- The Collector observed materials brought to the collection site or the driver's conduct clearly indicated an attempt to tamper with the specimen.
- The Collector notes that the temperature of the specimen was out of range or the specimen appeared to have been tampered with. Note: The Collector is NOT required to take the driver's body temperature. The DER from HAMILTON COMMUNITY SCHOOLS will be notified of the out of temperature specimen after the direct observation test is completed.
- The MRO reports a negative-dilute result with a creatinine concentration greater than or equal to 2 mg/dL, but less than or equal to 5 mg/dL.

- The test is a Return-to-Duty or Follow-up test.

By DOT regulations, an observer must physically watch the donor urinate into the collection container. The observer must be the same gender as the donor--there are no exceptions to this regulation. If someone else is to observe the collection other than the collector in order to ensure a same gender observer, the observer must verbally instruct that person to follow procedures noted below.

The observer must request the driver to raise his or her shirt, blouse, or dress/skirt, as appropriate, above the waist; and lower clothing and underpants to show you, by turning around, that they do not have a prosthetic device. After the observer has determined that the driver does not have such a device, you may permit the driver to return clothing to its proper position for observed urination.

The observer must watch the driver urinate into the collection container. Specifically, they are to watch the urine go from the driver's body into the collection container.

The observer but not the collector, must not take the collection container from the driver, but must observe the specimen as the driver takes it to the collector.

The collector, when someone else has acted as the observer, must include the observer's name in the "Remarks" line of the CCF (Step 2).

If the driver declines to allow a directly observed collection required or permitted under this section to occur, this is a refusal to test.

### **Shy Bladder Procedure**

If the driver cannot provide a specimen at the initial attempt, the driver will be urged to drink up to 40 oz. of water. The amount of water is to be spaced out over a three hour period. The driver is not required to drink the water by 49 CFR Part 40 regulations.

If the driver refuses to make the attempt to provide a new urine specimen or leaves the collection site before the collection process is complete, the collection is discontinued, and the Collector shall note the fact on the "Remarks" line of the CCF (Step 2), and immediately notify the DER. This is a refusal to test and is considered a violation of the DOT regulations.

If the driver has not provided a sufficient specimen within three hours of the first unsuccessful attempt to provide the specimen, the collection will be discontinued, noted on the "Remarks" line of the CCF (Step 2), and the DER will be contacted immediately by the collection site.

The DER will, after consulting with the MRO, direct the driver to obtain, within five days, an evaluation from a licensed physician, acceptable to the MRO, who has expertise in the medical issues raised by the driver's failure to provide a sufficient specimen. (The MRO may perform this evaluation if the MRO has appropriate expertise.)

If there is a valid medical reason, the test result will be changed by the MRO to "Cancelled." If there is not an adequate basis for determining that a medical condition has, or with a high degree of probability could have, precluded the driver from providing a sufficient amount of urine, the MRO, will issue a "Refusal to Test".

If an individual is unable to provide a sufficient amount of urine for a pre-employment, follow-up or return-to-duty test because of a permanent or long-term medical condition DOT regulation 49 CFR Part 40.195 shall be followed.

### **Breath Alcohol Test**

All tests for breath alcohol will be conducted using a National Highway Traffic Safety Administration (NHTSA) approved Evidential Breath Testing (EBT) device. The device must be operated by a certified Breath Alcohol Technician (BAT). The certification training must meet the qualification as defined in 49 CFR Part 40.

An air blank test will be administered prior to the screening test and the confirmation test, if required. This indicates the EBT chamber is clear. A screening breath test will be given. If the results are less than a concentration of 0.020, the test results is negative. No additional tests will be required.

If the screening test results in a concentration of 0.020 or higher, a confirmation test will be conducted. A waiting period of at least fifteen (15) minutes, but no longer than thirty (30) minutes after completion of the screening test must be completed before the confirmation test is done. The driver will be instructed not to eat, drink, put anything (e.g., cigarette, chewing gum) into his or her mouth, or belch.

The confirmation test will be completed using the same EBT as the screening test. Each test will have its own unique sequential number. A printout of each test will be provided and attached to the Alcohol Test Form. The printout will also include the time the test was taken, and EBT identification number. The test will be performed in a private, confidential manner as required by 49 CFR Part 40.

If the results of the confirmation test are between 0.020-0.039; the driver must be removed from the safety-sensitive position for at least 24 hours.

If the result is 0.040 or higher, the Collection Site shall contact the DER immediately. The DER shall remove the driver from his/her safety-sensitive function, and refer the driver to a Substance Abuse Professional (SAP).

### **Shy Breath Procedure**

If a driver does not provide a sufficient amount of breath to permit a valid breath test, the BAT instructs the driver to attempt again to provide a sufficient amount of breath. If the driver refuses to make the attempt, the BAT must discontinue the test, note the fact on the "Remarks" line of the ATF, and immediately notify the DER. This is a refusal to test.

If the driver again attempts and fails to provide a sufficient amount of breath, the BAT may provide another opportunity if there is a strong likelihood that it could result in providing a sufficient amount of breath. When the driver has failed to produce a sufficient amount of breath, the BAT must note the fact on the "Remarks" line of the ATF and immediately notify the DER.

If an EBT that has the capability of operating manually is being used, the BAT may attempt to conduct the test in manual mode.

As the employer, when the BAT informs you that the driver has not provided a sufficient amount of breath, the employer must direct the driver to obtain, within five days, an evaluation from a licensed physician acceptable to the employer and who has expertise in the medical issues raised by the driver's failure to provide a sufficient specimen.

The physician will provide a written statement of their conclusions to the DER directly. Upon receipt of the report from the examining physician, the DER must immediately inform the driver and take appropriate action based upon the DOT agency regulations.

### **Safeguards for Alcohol Testing**

- The BAT will request photo identification from the driver or be identified by a HAMILTON COMMUNITY SCHOOLS representative prior to administering the test.
- The Driver will select an individually sealed mouthpiece and it will be opened by the BAT while in the presence of the driver for the initial test.
- The EBT used for the test will be approved by the National Highway Traffic Safety Administration.
- Calibration checks will be frequently performed to insure the EBT is working efficiently. The driver may ask to see the last calibration.
- For a confirmation breath test, the BAT will select, or allow the driver to select an individually sealed mouthpiece.
- The sealed mouthpiece will be opened by the BAT while in the presence of the driver for the confirmation test.

## **K. Positive Test Results**

Any driver of HAMILTON COMMUNITY SCHOOLS that has a confirmed positive drug or alcohol test will be removed from his/her safety-sensitive position, informed of the educational and rehabilitation programs available, and referred to a Substance Abuse Professional (SAP) for assessment. No employee will be allowed to return to duty requiring the performance of safety-sensitive job functions without the approval of the SAP and the employer.

Any employee of HAMILTON COMMUNITY SCHOOLS that has a confirmed positive drug or alcohol test result shall be offered at the discretion of HAMILTON COMMUNITY SCHOOLS a Last Chance Agreement.

**L. Compliance with the Treatment Program Requirements**

Drivers are encouraged to make use of the available resources for treatment of alcohol misuse and/or illegal drug use problems. Any driver of HAMILTON COMMUNITY SCHOOLS who refuses or fails to comply with a SAP's requirements for treatment, after care, return-to-duty and follow-up testing shall be terminated.

HAMILTON COMMUNITY SCHOOLS, under independent authority requires that any costs incurred in regard to services provided by a SAP, or of treatment and/or education recommended by the SAP, which are not covered by a driver's insurance plan, will be the responsibility of the driver.

**M. Types of Testing**

**Pre-Employment Testing**

Any individual that seeks employment with or transfers into a DOT safety-sensitive position at HAMILTON COMMUNITY SCHOOLS will be required to take and pass a urine drug test. The Company will not allow an employee to perform a safety-sensitive function unless and until the Company has received a hard copy of a negative test result verified by a Medical Review Officer (MRO). If the results of the urine drug test are dilute-negative, the applicant will be required to take a second test. If the results of the second test are dilute-negative the result will be considered negative.

For negative-dilute urine drug results, HAMILTON COMMUNITY SCHOOLS may establish different policies for different types of tests, however the Company must treat all drivers the same for this purpose. Retests are not conducted under direct observation. If the Company chooses to retest for Pre-employment tests, the results of the second test are will be considered negative even if the result is a dilute-negative.

If the test was cancelled by the MRO, HAMILTON COMMUNITY SCHOOLS requires the applicant to take and pass a second urine drug test.

A verified positive pre-employment drug test will disqualify an applicant from a safety-sensitive position and the conditional offer of employment in such a position will be withdrawn. Before an applicant with a verified pre-employment drug test may be reconsidered for a safety-sensitive position with HAMILTON COMMUNITY SCHOOLS or any other DOT-regulated employer, the applicant must complete, and provide proof of having successfully completed, the DOT-required Substance Abuse Professional (SAP) Evaluation, Treatment, and Return-to-Duty Processes as described herein and set forth in the DOT regulations.

All offers by HAMILTON COMMUNITY SCHOOLS to hire an applicant for, or to assign or transfer an applicant to, a driver position are conditioned upon the applicant:

- Taking and providing a negative drug test as directed by the Company.
- Authorizing the Company to obtain past drug and alcohol test results, including refusals to test from each regulated employer for whom the driver either worked, took, or refused to take, a drug and/or alcohol test during the past three (3) years per DOT regulation 49 CFR Part 391.23 (e).
- Providing the Company with information regarding whether they have tested positive or refused to test on any DOT required pre-employment drug or alcohol test in which the applicant applied for, but did not obtain a safety-sensitive position in the preceding two (2) years.

Anytime a driver of HAMILTON COMMUNITY SCHOOLS who is off work for thirty (30) consecutive days or more, the driver will be required to take and pass another pre-employment urine drug test.

### **Reasonable Suspicion Testing**

Reasonable Suspicion referral testing will be made on the basis of documented objective facts and circumstances, which are consistent with the chronic and withdrawal effects of controlled substances. Such driver conduct must be witnessed and documented by at least one supervisor that has been trained in Reasonable Suspicion detection compliant with DOT regulations.

The required observations for alcohol and/or controlled substances Reasonable Suspicion Testing shall be made by a supervisor or company official who is trained in accordance with 49 CFR Part 382.603. The training must include ways to determine the signs and symptoms of drug and alcohol use. Should the supervisor observe such symptoms or reactions, the driver must submit to testing. The supervisor must conclude that the driver is impaired in his/her work performance. Documentation as to the physical appearance, behavior, performance indicators speech and body odors of the driver must be completed prior to the test result being received.

Observation and testing for Reasonable Suspicion for controlled substances can occur at any time the driver is on duty, and is not related to when the driver performs safety-sensitive functions. A driver who is suspected of controlled substance use must be immediately removed from their safety-sensitive function and is required to undergo testing.

Observation and testing for Reasonable Suspicion for alcohol can occur only before, during, or just after the driver's performance of a safety-sensitive function, or at any time that the driver is in readiness to provide a safety-sensitive function. A driver who is suspected of alcohol misuse must be immediately removed from their safety-sensitive function and is required to undergo testing. A company official will escort the driver to the collection site.

The driver cannot return to duty until an alcohol test has been conducted with a BAC less than 0.020.



If an alcohol test is not conducted within two (2) hours, the reasons the test was not conducted must be documented. If an alcohol test is not conducted within eight (8) hours, any attempts to conduct an alcohol test will cease and the supervisor/DER shall document the reasons for not conducting the test. If no alcohol test is conducted, the driver cannot perform a safety-sensitive function until twenty-four (24) hours have elapsed following the original determination of Reasonable Suspicion of alcohol use.

A driver who is tested for controlled substances under this Reasonable Suspicion will be compensated if the test results are negative and will not be compensated for time missed from work if the test result is positive, adulterated or substituted.

**Examples of Reasonable Suspicion include, but are not limited to, the following:**

Physical signs and symptoms consistent with prohibited substance use or alcohol misuse.

Evidence of the manufacture, distribution, dispensing, possession, or use of controlled substances, drugs, alcohol, or other prohibited substances.

Occurrence of a serious or potentially serious accident that may have been caused by prohibited substance abuse or alcohol misuse.

Physical contact (meaning fights), assaults, and flagrant disregard or violations of established safety, security, or other operating procedures.

### **Random Drug and Alcohol Testing**

All drivers of HAMILTON COMMUNITY SCHOOLS that work in safety-sensitive positions will be subject to random unannounced testing. The selection of these drivers for random testing of drug and alcohol will be made using a scientifically valid method that ensures each covered driver will have an equal chance of being selected each time selections are made. Thus, a driver might be selected more than once during a year. Each driver selected for random testing shall be tested during the selection period.

The percentage of the number of safety-sensitive drivers in the random program is established by 49 CFR Part 382 on an annual basis. At the effective date of this policy, the minimum annual percentage are ten [10%] percent of the average number of drivers for alcohol testing, and twenty five [25%] percent of the average number of drivers for drug testing.

- Random tests will be unannounced.
- The dates for random tests will be spread throughout the year.
- A driver who is selected for random testing will be required to report to the collection site immediately upon notification from HAMILTON COMMUNITY SCHOOLS's DER. The driver will be in a duty status from the time they leave to go to the collection site until the time they return/leave the collection site.
- A random test for alcohol shall be scheduled to occur only just prior to, during, or just after performing a safety-sensitive function, or at any time that the driver is in readiness to provide a safety-sensitive function.

- A random test for controlled substances can be scheduled at any time the driver is on duty, and is not related to when the driver is performing a safety-sensitive function.

### **Post - Accident Testing Under DOT Regulations**

All drivers of HAMILTON COMMUNITY SCHOOLS are required to undergo DOT urine drug testing and DOT breath alcohol testing, if they are involved in an accident with a vehicle owned or leased by HAMILTON COMMUNITY SCHOOLS, and if one or all of the following conditions are met:

- (i) The accident resulted in a human fatality.
- (ii) The driver of HAMILTON COMMUNITY SCHOOLS was issued a citation and a vehicle was towed from the scene of the accident.
- (iii) The driver of HAMILTON COMMUNITY SCHOOLS was issued a citation and an individual involved in the accident received bodily injury requiring immediate medical treatment away from the scene of the accident.

The driver(s) must be tested for controlled substances within (32) hours following the accident. If a drug test is not administered within (32) hours following the accident, HAMILTON COMMUNITY SCHOOLS shall cease attempts to administer the test, and prepare and maintain on file a record stating the reasons the test was not promptly administered.

An alcohol test should be administered within two (2) hours of the accident. If this has not been done, HAMILTON COMMUNITY SCHOOLS will document the reason the test was not completed within two (2) hours of the accident and will continue to attempt to obtain a test and document their attempts within the eight (8) hour period. At the end of the eight (8) hours, HAMILTON COMMUNITY SCHOOLS will cease the attempt to administer the test and document why the test was not completed.

Any driver of HAMILTON COMMUNITY SCHOOLS involved in an accident must refrain from alcohol use for eight (8) hours following the accident or until he/she has completed an alcohol test or released from duty.

The driver must remain readily available for testing, until they are released from the scene of the accident. Any driver of HAMILTON COMMUNITY SCHOOLS who voluntarily leaves the scene of an accident prior to submission to drug and alcohol testing will be considered to have refused to test and the driver will be terminated.

If the driver is required to leave the scene under the authority of medical or police personnel, they must notify HAMILTON COMMUNITY SCHOOLS as to their whereabouts.

If HAMILTON COMMUNITY SCHOOLS is unable to perform a urine drug test and a breath alcohol test, (i.e., driver is unconscious, driver is detained by a police agency), HAMILTON COMMUNITY SCHOOLS may use drug and alcohol post-accident test results administered by the State and/or

Local law enforcement officials if they were completed. HAMILTON COMMUNITY SCHOOLS will obtain the results in conformance with State and Local law.

### **Post - Accident Testing Under HAMILTON COMMUNITY SCHOOLS's Authority**

HAMILTON COMMUNITY SCHOOLS requires an driver to submit to drug and alcohol tests following a motor vehicle accident or property damage accident involving injury to any individual involved in the accident requiring immediate medical treatment away from the scene, serious damage to any motor vehicle or equipment involved in the accident, a workplace fatality, or serious property damage even if the driver did not receive a citation. Any driver having a physical injury that requires immediate medical attention away from the work site will be required to submit to drug and alcohol tests.

The test for Non-DOT Post-Accident will be a five-panel urine test and breath alcohol test. The drugs that will be tested for under Non-DOT include marijuana (THC), cocaine (COC), opiates (OPI), amphetamines (AMP), and phencyclidine (PCP). The time requirements of the Non-DOT Post Accident Testing are the same as listed for DOT Post-Accident Testing.

Tests will not be required if the supervisor in charge determines, using the best information available at the time of the decision, that the performance of the driver can be completely discounted as a contributing factor to the accident.

### **Return-to-Duty Testing**

Under DOT regulations, before a driver is considered for reinstatement in a safety-sensitive function after having engaged in prohibited conduct (Section H) which constitutes a DOT drug and alcohol regulation violation, the driver must provide a negative Return-to-Duty drug and/or alcohol test.

This test must be completed after an initial and follow-up evaluation by a Substance Abuse Professional (SAP), after the SAP's determination that the driver has successfully complied with prescribed education and/or treatment, and before resuming performance of a safety-sensitive function. The DER must obtain a copy of the SAP's letter outlining that the required treatment has been successfully completed and a required follow-up drug and/or alcohol testing plan for the employee.

The Return-to-Duty test is not limited to a specific substance (i.e. the drug for which the driver tested positive). Additionally, if the SAP determines that a multiple-substance abuse problem exists, a drug test may be performed in conjunction with an alcohol test. The result of the alcohol test must be less than 0.02.

If a driver refuses to submit to a Return-to-Duty test or fails to appear at the collection site within a reasonable time, as determined by HAMILTON COMMUNITY SCHOOLS and after being directed to do so by the DER, this is considered a "Refusal to Test". The driver will not be permitted to return to a safety-sensitive position.

A SAP is a licensed physician, certified psychologist, social worker, or addiction counselor. The SAP must also have clinical experience in the diagnosis and treatment of drug and alcohol related diseases. The SAP must have completed the required DOT qualification training and completed the continuing education trainings as detailed in 49 CFR Part 40.

The Return-to-Duty test must be conducted under direct observation as defined by DOT regulations. The Observer must request the driver to raise his or her shirt, blouse, or dress/skirt, as appropriate, above the waist, just above the navel; and lower clothing and undergarments to mid-thigh; and to show the observer-by turning around—that the driver does not have a prosthetic device. [Refer to Direct Observation Collection, Page 9]

The cost of a Return-to-Duty test shall be paid by the driver.

### **Follow-Up Testing**

Under DOT regulations, before a driver is considered for reinstatement after having engaged in prohibited conduct (Section H) which constitutes a DOT drug and alcohol regulation violation, the driver must be evaluated and released by a SAP and undergo frequent unannounced random urine and/or breath testing following their Return-to-Duty Test. Follow-up Tests will be performed for a period of one (1) to five (5) years with a minimum number of six tests performed the first year. The employee will remain in the random testing program. A qualified SAP will determine the frequency and duration of the follow-up tests, beyond the minimum number.

The employer or their Third Party Administrator (TPA) will schedule the test dates and ensure that the appropriate tests are conducted within the twelve-month period after the employee returns to duty, as well as any subsequent testing requirements for up to a five-year period.

Tests may be for both controlled substances and/or alcohol regardless of whether the prohibition violation concerned either specific substance. There is no limit to the number and frequency of the follow-up tests. An employee is to be removed from the follow-up testing program after completing 60 months, if the SAP did not release him/her sooner.

The Follow-Up test must be conducted under direct observation as defined by DOT regulations. [Refer to Direct Observation Collection, Page 9]

The cost of Follow-up testing requirements shall be paid by the driver.

Follow-Up testing requirements shall continue to apply even if the driver changes jobs or has a break in service.

## **N. Confidential Result Record Keeping**

The results of all drug and alcohol testing results will be maintained in a secure confidential manner by the employer, laboratory, collection site, MRO, SAP, and the Consortium/Third Party Administrator (C/TPA). Information can only be released in the following circumstances and with the driver being notified in writing of the release.

- (i) To a third party only as directed by written instructions of the driver.
- (ii) To the decision-maker in a lawsuit, grievance, or other proceeding initiated by or on behalf of the employed tested.
- (iii) To a subsequent employer upon receipt of a written request from the driver.
- (iv) To the National Transportation Safety Board during an accident investigation.
- (v) To the DOT or any DOT agency with regulatory authority over the employer or any of its drivers, or to a State agency with oversight.
- (vi) To the driver upon written request.

**O. Supervisor Training**

Supervisors of HAMILTON COMMUNITY SCHOOLS who are designated to determine whether or not Reasonable Suspicion exists and who then order a DOT-covered driver to undergo testing under DOT regulations, shall receive a minimum of 60 minutes of training on recognizing alcohol misuse; and receive at least an additional 60 minutes of training on recognizing controlled substance use. The training shall include the signs and symptoms of alcohol misuse and use of drugs including the effects and consequences of drug use on personal health, safety, and the work environment. The training must include manifestations and behavioral cues that may indicate prohibited drug use or alcohol misuse.

**P. Driver Training**

Each driver shall be provided with a copy of drug abuse and alcohol misuse educational materials when hired or transferred into a safety-sensitive position. HAMILTON COMMUNITY SCHOOLS shall ensure that each driver signs a statement certifying that he/she has received a copy of the educational materials, maintain a copy of the signed statement and may provide a copy to the driver.

**Q. Driver Contract for Policy Violations**

Under certain circumstances, drivers of HAMILTON COMMUNITY SCHOOLS who re-enter the workforce after a violation of the prohibitions (Section H) must agree to a re-entry contract. The contract may include, but is not limited, to the following items:

- (i) A release to return to work statement from the SAP.
- (ii) A negative Return-to-Duty test result for drugs and/or alcohol.
- (iii) An agreement to follow the SAP's Follow-Up drug and/or alcohol testing plan for a period of one (1) to five (5) years with at least six (6) tests performed the first year.
- (iv) A statement of expected work-related behaviors of the driver.

- (v) An agreement to follow specified after care requirements with the understanding that a violation of the re-entry contract is grounds for termination.

**R. Employer Contacts**

**Designated Employer Representative:**

Name: Steve Meppelink

Telephone: 616-309-3262

Fax: 269-751-6303

This policy was adopted by HAMILTON COMMUNITY SCHOOLS on 11-30-16, 2016.

  
(Signature)

Supervisor  
(Title)

Steve Meppelink  
(Print Name)

**Addendum A: Terms & Definitions**

The definitions contained in Addendum A apply when interpreting or implementing the procedures required by the Federal Motor Carrier Safety Administration (FMCSA) controlled substance testing regulations.

**Addendum B: Effects of Alcohol and Controlled Substance Use**

The FMCSA Regulation, Section 382.601(b)(11) mandate 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. Addendum B is intended to help individuals understand the personal consequences of substance abuse.

# ACKNOWLEDGEMENT OF RECEIPT

## HAMILTON COMMUNITY SCHOOLS

### DRUG and ALCOHOL TESTING POLICY

and

### EFFECTS OF ALCOHOL and CONTROLLED SUBSTANCES

I acknowledge that I have received a copy of the *DOT Drug-Free Workplace Policy* and *Addendum A: Definitions and Addendum B: Effects of Alcohol and Drug Abuse* for **HAMILTON COMMUNITY SCHOOLS**.

I understand that it is my responsibility to read the policy and addendums in their entirety.

I understand that as an employee of **HAMILTON COMMUNITY SCHOOLS**, I am required to abide by the rules and regulations established by this policy, and that I am subject to consequences if I violate the policy.

I understand that the policy may change to comply with federal and state laws, and that I may obtain a current copy of the policy at any time during business hours from my employer's designated employer representative (DER).

I understand that if I have any questions about this policy, or if I need assistance or resources related to alcohol and/or drug-related issues or problems, I may take those questions and concerns to my employer's DER without fear of consequences or retribution.

\_\_\_\_\_  
Name of Employee (Print name)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
SSN (Last 4 Digits) or ID #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor or DER

*Instructions:* DOT requires all DOT-covered employees to sign this acknowledgement form. The original of this form will be retained in the employee's file in compliance with DOT regulations. An employee who refuses to sign this acknowledgement form is disqualified from providing a safety-sensitive function for **HAMILTON COMMUNITY SCHOOLS**.





## Addendum A: Terms & Definitions

Terms	Definitions
Accident	An occurrence involving a commercial motor vehicle operating on a highway in interstate or intrastate commerce which results in: (1) A fatality; (2) Bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or (3) One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle(s) to be transported away from the scene by a tow truck or other motor vehicle.
Adulterated Specimen	A specimen that contains a substance that is not expected to be present in human urine, or contains a substance expected to be present but is at a concentration so high that it is not consistent with human urine.
Affidavit	A form that must be signed by the collector to correct a problem on the original Chain of Custody form. For example, if the date was missing, incorrect, or the collector's signature was missing.
Affiliate	Persons are affiliates of one another if, directly or indirectly, one controls or has the power to control the other or a third party controls or has the power to control both. Indicators of control include, but are not limited to: interlocking management or ownership; shared interest among family members; shared facilities or equipment; or common use of employees. Following the issuance of a public interest exclusion, an organization having the same or similar management, ownership, or principal employees as the service agent concerning whom a public interest exclusion is in effect is regarded as an affiliate. This definition is used in connection with the public interest exclusion procedures of Subpart R of this part.
Air Blank	In evidential breath testing devices (EBTs) using gas chromatography technology, a reading of the device's internal standard. In all other EBTs, a reading of ambient air containing no alcohol.
Alcohol	The intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohols, including methyl or isopropyl alcohol.
Alcohol Concentration	The alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by a breath test under this part.
Alcohol Confirmation Test	A subsequent test using an EBT, following a screening test with a result of 0.02 or greater, that provides quantitative data about the alcohol concentration.
Alcohol Screening Device	A breath or saliva device, other than an EBT, that is approved by the National Highway Traffic Safety Administration (NHTSA) and placed on a conforming products list (CPL) for such devices.
Alcohol Screening Test	An analytic procedure to determine whether an employee may have a prohibited concentration of alcohol in a breath or saliva specimen.
Alcohol Testing Site	A place selected by the employer where employees present themselves for the purpose of providing breath or saliva for an alcohol test.
Alcohol Use	The drinking or swallowing of any beverage, liquid mixture or preparation (including any medication), containing alcohol.

Terms	Definitions
Blind Specimen or Blind Performance Test Specimen	Blind specimen or blind performance test specimen. A specimen submitted to a laboratory for quality control testing purposes, with a fictitious identifier, so that the laboratory cannot distinguish it from an employee specimen.
Breath Alcohol Technician	A person who instructs and assists employees in the alcohol testing process and operates an evidential breath testing device.
Canceled Test	A drug or alcohol test that has a problem identified that cannot be or has not been corrected, or which this part otherwise requires to be cancelled by the Medical Review Officer. A cancelled test is neither a positive nor a negative test.
Chain of Custody	The procedure used to document the handling of the urine specimen from the time the employee gives the specimen to the collector until the specimen is destroyed. This procedure uses the Federal Drug Testing Custody and Control Form (CCF).
Clinic	A medical facility that can be used as a collection site.
Collection Container	A container into which the employee urinates to provide the specimen for a drug test.
Collection Site	A place selected by the employer where employees present themselves for the purpose of providing a urine specimen for a drug test and breath sample for an alcohol test. This site must possess all necessary personnel, materials, equipment, facilities and supervision to provide for the collection, security, shipment of urine samples to a laboratory and an evidential breath tester for confirmation breath testing.
Collector	A person who instructs and assists employees at a collection site, who receives and makes an initial inspection of the specimen provided by those employees, and who initiates and completes the CCF.
Confirmation Drug Test	A second analytical procedure performed on a urine specimen to identify and quantify the presence of a specific drug or drug metabolite.
Confirmation Validity Test	A second test performed on a urine specimen to further support a validity test result.
Confirmed Drug Test	A confirmation test result received by an MRO from a laboratory.
Consortium/Third Party Administrator	A service agent that provides or coordinates the provision of a variety of drug and alcohol testing services to employers. C/TPAs typically perform administrative tasks concerning the operation of the employers' drug and alcohol testing programs. This term includes, but is not limited to, groups of employers who join together to administer, as a single entity, the DOT drug and alcohol testing programs of its members.
Continuing Education	Training for medical review officers (MROs) and substance abuse professionals (SAPs) who have completed qualification training and are performing MRO or SAP functions, designed to keep MROs and SAPs current on changes and developments in the DOT drug and alcohol testing program.
Designated Employer Representative	An employee authorized by the employer to take immediate action(s) to remove employees from safety-sensitive duties, or cause employees to be removed from these covered duties, and to make required decisions in the testing and evaluation processes. The DER also receives test results and other communications for the employer, consistent with the requirements of 49 CFR Parts 40 and 382. Service agents cannot act as DERs.

Terms	Definitions
Department of Transportation (DOT)	These terms encompass all DOT agencies, including, but not limited to, the United States Coast Guard (USCG), the Federal Aviation Administration (FAA), the Federal Railroad Administration (FRA), the Federal Motor Carrier Safety Administration (FMCSA), the Federal Transit Administration (FTA), the National Highway Traffic Safety Administration (NHTSA), and the Pipeline and Hazardous Materials Safety Administration (PHMSA). These terms include any designee of a DOT agency.
Dilute Specimen	A specimen with creatinine and specific gravity values lower than expected for human urine.
Direct Observation Procedure	<p>Allows by DOT regulations, an observer to physically watch the donor urinate into the collection container. The observer must be the same gender as the donor--there are no exceptions to this regulation. If someone else is to observe the collection other than the collector in order to ensure a same gender observer, the observer must verbally instruct that person to follow procedures noted below.</p> <p>The observer must request the driver to raise his or her shirt, blouse, or dress/skirt, as appropriate, above the waist; and lower clothing and underpants to show you, by turning around, that they do not have a prosthetic device. After the observer has determined that the driver does not have such a device, you may permit the driver to return clothing to its proper position for observed urination.</p> <p>The observer must watch the driver urinate into the collection container. Specifically, they are to watch the urine go from the driver's body into the collection container.</p> <p>The observer but not the collector, must not take the collection container from the driver, but must observe the specimen as the driver takes it to the collector.</p> <p>The collector, when someone else has acted as the observer, must include the observer's name in the "Remarks" line of the CCF (Step 2).</p> <p>If the driver declines to allow a directly observed collection required or permitted under this section to occur, this is a refusal to test.</p>
Drug Metabolites	A chemical that is released from the ingesting process. This is what is checked for in a drug screen. Particular substances produce particular metabolites.
Drugs	The drugs for which tests are required under this part and DOT agency regulations are marijuana, cocaine, amphetamines, phencyclidine (PCP), and opiates.
Employee	Any person who is designated in a DOT agency regulation as subject to drug testing and/or alcohol testing. The term includes individuals currently performing safety-sensitive functions designated in DOT agency regulations and applicants for employment subject to pre-employment testing. For purposes of drug testing under this part, the term employee has the same meaning as the term "donor" as found on CCF and related guidance materials produced by the Department of Health and Human Services.
Employer	A person or entity employing one or more employees (including an individual who is self-employed) subject to DOT agency regulations requiring compliance with this part. The term includes an employer's officers, representatives, and management personnel. Service agents are not employers for the purposes of this part.

Terms	Definitions
Error Correction Training	Training provided to BATs, collectors, and screening test technicians (STTs) following an error that resulted in the cancellation of a drug or alcohol test. Error correction training must be provided in person or by a means that provides real-time observation and interaction between the instructor and trainee.
Evidential Breath Testing Device	A device approved by NHTSA for the evidential testing of breath at the .02 and .04 alcohol concentrations, placed on NHTSA's Conforming Products List (CPL) for "Evidential Breath Measurement Devices" and identified on the CPL as conforming with the model specifications available from NHTSA's Traffic Safety Program.
HHS	The Department of Health and Human Services or any designee of the Secretary, Department of Health and Human Services.
Initial Drug Test	The test used to differentiate a negative specimen from one that requires further testing for drugs or drug metabolites.
Invalid Drug Test	The result of a drug test for a urine specimen that contains an unidentified adulterant or an unidentified interfering substance, has abnormal physical characteristics, or has an endogenous substance at an abnormal concentration that prevents the laboratory from completing or obtaining a valid drug test result.
Laboratory	Any U.S. laboratory certified by HHS under the National Laboratory Certification Program as meeting the minimum standards of Subpart C of the HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs; or, in the case of foreign laboratories, a laboratory approved for participation by DOT under this part. (The HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs are available on the internet at <a href="http://www.health.org/workpl.htm">http://www.health.org/workpl.htm</a> or from the Division of Workplace Programs, 1 Choke Cherry Road, Room 2-1035, Rockville, MD 20857.)
Medical Review Officer	A person who is a licensed physician and who is responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug test results.
Negative Dilute	A drug test result which is negative for the five drugs/drug metabolites, but has a specific gravity value lower than expected for human urine.
Negative Result	A result that indicates that the specimen did not exceed certain levels of drug metabolites. The average turnaround time for a negative result is 24 hours from the time the laboratory receives the specimen, though this could vary.
Non-negative Specimen	A urine specimen that is reported as adulterated, substitute, invalid, or positive for drug/drug metabolites.
Office of Drug and Alcohol Policy and Compliance	The office in the Office of the Secretary, DOT, that is responsible for coordinating drug and alcohol testing program matters within the Department and providing information concerning the implementation of this part.
Positive Dilute	A urine drug test result which is positive for the five drugs/drug metabolites, but has a specific gravity value lower than expected for human urine.
Positive Result	For a drug test means a verified presence of the identified drug or its metabolite at or above the minimum levels specified in 49 CFR Part 40, as amended. The confirmed result is sent to the MRO for review. A positive alcohol test result means a confirmed alcohol concentration of 0.04 BAC or greater.

Terms	Definitions
Primary Specimen	In drug testing, the urine specimen bottle 'A' that is opened and tested by a 'first' laboratory to determine whether the employee has a drug or drug metabolite in his or her system; and for the purpose of validity testing. The primary specimen is distinguished from the split specimen, defined in this section. A 'second' laboratory may test bottle 'B' should the donor not agree with the results from bottle 'A'.
Qualification Training	The training required in order for a collector, BAT, MRO, SAP, or STT to be qualified to perform their functions in the DOT drug and alcohol testing program. Qualification training may be provided by any appropriate means (e.g., classroom instruction, internet application, CD-ROM, video).
Refresher Training	The training required periodically for qualified collectors, BATs, and STTs to review basic requirements and provide instruction concerning changes in technology (e.g., new testing methods that may be authorized) and amendments, interpretations, guidance, and issues concerning this part and DOT agency drug and alcohol testing regulations. Refresher training can be provided by any appropriate means (e.g., classroom instruction, internet application, CD-ROM, video).
Refusal to Test	<p>The following are considered a refusal to test if the employee. The employee incurs the consequences specified under DOT agency regulations for a violation of agency regulations.</p> <ul style="list-style-type: none"> <li>o Fails to appear for any test (excluding pre-employment) within a reasonable time, as determined by the employer, after being directed to do so by the employer.</li> <li>o Fails to remain at the testing site until the testing process is complete.</li> <li>o Fails to provide a urine or breath specimen for any drug or alcohol test required by Part 40 or DOT agency regulations.</li> <li>o In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of his/her provision of a specimen.</li> <li>o Fails to provide a sufficient amount of urine or breath when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure.</li> <li>o Fails or declines to take a second test the employer or collector has directed the employee to take.</li> <li>o 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 as part of the "shy bladder" or "shy lung" procedures.</li> <li>o Fails to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process).</li> <li>o If the MRO reports that there is verified adulterated or substituted test result.</li> <li>o Failure or refusal to sign Step 2 of the alcohol testing form.</li> </ul>
Safety-Sensitive Position	A position in which the normal or periodic job responsibilities of the employee entail, at some point and to some degree, a higher level of concern for the safety, health, and/or welfare of the employee in that position, his or her co-workers, those who use our products or services, those who come onto or in contact with Company property, and the public at large [and for whom the illicit use of drugs and/or misuse of alcohol by the employee in that position could create a greater danger to the safety, health, and/or well-being of those individuals].

Terms	Definitions
Security-Sensitive Position	A position in which the normal or periodic job responsibilities of the employee entail, at some point and to some degree, access to cash, securities, bonds, or other negotiable instruments, and/or precious and/or valuable commodities; involve the use of, or access to, firearms and/or other weapons and/or armaments; involve protection of property, valuables, and/or individuals; relate to matters of national security, military, or law enforcement; and/or entail access to assets and/or information vital to, sensitive for, and/or with high proprietary interest to the Company [and for whom the illicit use of drugs and/or misuse of alcohol by the employee in that position could compromise the interests of the Company and/or any individual or entity affiliated to, or in contact with, the Company]. Associate with a Non-DOT Drug Free Workplace.
Service Agent	Any person or entity, other than an employee of the employer, who provides services specified under this part to employers and/or employees in connection with DOT drug and alcohol testing requirements. This includes, but is not limited to, collectors, BATs and STTs, laboratories, MROs, substance abuse professionals, and C/TPAs. To act as service agents, persons and organizations must meet the qualifications set forth in applicable sections of this part. Service agents are not employers for purposes of this part.
Shipping Container	A container that is used for transporting and protecting urine specimen bottles and associated documents from the collection site to the laboratory.
Shy Bladder	<p>If the driver cannot provide a specimen at the initial attempt, the driver will be urged to drink up to 40 oz. of water. The amount of water is to be spaced out over a three hour period. The driver is not required to drink the water by 49 CFR Part 40 regulations.</p> <p>If the driver does not provide a specimen, or refuses to provide a specimen, the test will be marked as a "Refusal to Test" and considered a violation of the DOT regulations. The driver will be sent to a physician with expertise in the field, within five (5) days for an evaluation as to why the individual was not able to provide a specimen. If there is a valid medical reason, the test result will be changed to "Cancelled."</p>
Shy Breath	<p>If a driver does not provide a sufficient amount of breath to permit a valid breath test, the BAT instructs the driver to attempt again to provide a sufficient amount of breath. If the driver refuses to make the attempt, the BAT must discontinue the test, note the fact on the "Remarks" line of the ATF, and immediately notify the DER. This is a refusal to test.</p> <p>If the driver again attempts and fails to provide a sufficient amount of breath, the BAT may provide another opportunity if there is a strong likelihood that it could result in providing a sufficient amount of breath. When the driver has failed to produce a sufficient amount of breath, the BAT must note the fact on the "Remarks" line of the ATF and immediately notify the DER.</p> <p>If an EBT that has the capability of operating manually is being used, the BAT may attempt to conduct the test in manual mode.</p> <p>As the employer, when the BAT informs you that the driver has not provided a sufficient amount of breath, the employer must direct the driver to obtain, within five days, an evaluation from a licensed physician selected by the employer and who has expertise in the medical issues raised by the driver's failure to provide a sufficient specimen. The physician will provide a written statement of their conclusions to the DER directly.</p>

Terms	Definitions
	Upon receipt of the report from the examining physician, the DER must immediately inform the driver and take appropriate action based upon the DOT agency regulations.
Specimen Bottle	The bottle that, after being sealed and labeled according to the procedures in this part, is used to hold the urine specimen during transportation to the laboratory.
Split Specimen	In drug testing, a part of the urine specimen that is sent to a first laboratory and retained unopened, and which is transported to a second laboratory in the event that the employee requests that it be tested following a verified positive test of the primary specimen or a verified adulterated or substituted test result.
Stand-Down	The practice of temporarily removing an employee from the performance of safety-sensitive functions based only on a report from a laboratory to the MRO of a confirmed positive test for a drug or drug metabolite, an adulterated test, or a substituted test, before the MRO has completed verification of the test result. Employers are prohibited from standing employees down.
Substance Abuse Professional	A person who evaluates employees who have violated a DOT drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare.
Substituted Specimen	A specimen with creatinine and specific gravity values that are so diminished that they are not consistent with human urine.
Temperature Strip	A strip on the collection container that determines whether or not the urine is in the 90-100 degree range. This helps to ensure that tampering has not occurred.
Validity Test	An evaluation of the specimen to determine if it is consistent with normal human urine. Validity testing determines whether certain adulterants or foreign substances were added to the urine, if the urine was diluted, or if the specimen was substituted.
Verified Test	A drug test result or validity testing result from an HHS-certified laboratory that has undergone review and final determination by the MRO.





## Addendum B: Effects of Alcohol and Controlled Substance Use

The following information provides a general overview of the effects of alcohol and controlled substances use on an individual's health, work, and personal life; signs and symptoms of an alcohol or a controlled substances problem (the driver's or a co-worker's); and available methods of intervening when an alcohol or a controlled substances problem is suspected, including confrontation, referral to any employee assistance program and/or referral to management. (49 CFR Part 382.601)

This information combined with your Company's substance abuse policy meets the Department of Transportation's (DOT's) requirements for driver/employee educational materials in 49 CFR Part 382.601. If you have any questions regarding your Employers' policy, please contact the Designated Employer Representative(s) (DERs) named in your Company's DOT Drug-Free Workplace Policy.

Please note that alcohol use, drug abuse, and controlled substance are interchangeable throughout this information.

### Effects of Alcohol

In American society, alcohol is a legal drug. Nonetheless, it is a depressant and is the leading drug of abuse. Alcohol abuse is responsible for about half of all auto collisions in this country. It is also the most widely used drug. It is a contributing factor to problems in the workplace including diminished productivity and increased absenteeism.

***FACT:** A 5 ounce glass of wine, a 12 ounce can of beer, and a 1-1/2 ounce shot of hard liquor all contain the same amount of alcohol. Each one-half ounce of alcohol takes the average body about one hour to process. Cold showers, exercise, and coffee do not quicken the sobriety.*

A central nervous system depressant, alcohol first acts on those parts of the brain that affect self-control and other learned behaviors. It impairs alertness, judgment, coordination, and reaction time. It lowers inhibitions and a person's inability to divide attention. If taken in large amounts alcohol can cause damage to the liver and heart, and can cause permanent brain damage. Heavy drinkers shorten their lives in half.

#### Signs and Symptoms of Abuse:

- ~ Dulled mental processes
- ~ Lack of coordination
- ~ Slowed reaction time
- ~ Poor judgment
- ~ Reduced inhibitions

#### Health Effects:

- ~ Decreased sexual functioning
- ~ Liver disease
- ~ Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast, and skin
- ~ Kidney disease
- ~ Ulcers
- ~ Elevated blood pressure
- ~ Weakens muscles

## **Workplace Issues - Job Performance**

- ~ Inconsistent work quality
- ~ Poor concentration and lack of focus
- ~ Lowered productivity or erratic work patterns
- ~ Increased absenteeism or on the job "presenteeism"
- ~ Unexplained disappearances from the jobsite
- ~ Carelessness, mistakes or errors in judgment
- ~ Needless risk taking
- ~ Disregard for safety for self and others- on the job and off the job accidents
- ~ Extended lunch periods and early departures

## **Workplace Behavior**

- ~ Frequent financial problems
- ~ Avoidance of friends and colleagues
- ~ Blaming others for own problems and shortcomings
- ~ Complaints about problems at home
- ~ Deterioration in personal appearance or personal hygiene
- ~ Complaints, excuses and time off for vaguely defined illnesses or family problems

## **Effects of Drugs**

There are five types of illegal drugs that the DOT mandates testing for transportation workers.

### **Marijuana**

Tetrahydrocannabinol (THC) is the active ingredient in marijuana. Whether this drug is smoked or ingested it produces an initial euphoria, followed by a sense of relaxation, dreaminess, and auditory and visual enhancement. A user will feel increased appetite and lowered inhibitions. It is considered an "Enhancer" which means it enhances the effects of any other sedative it is used with. It's also a "Gateway Drug". 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.

Physical, behavioral, speech and performance indicators of marijuana use include: uncharacteristically relaxed inhibitions, increased appetite, odor of marijuana or burning rope or grass, red eyes, dry mouth, difficulty concentrating, short attention span, poor concentration and coordination, and errors in judgment.

### Signs and Symptoms of Abuse:

- ~ Reddened eyes due to increased blood pressure
- ~ Lackadaisical attitude
- ~ Difficulty comprehending complex ideas
- ~ Slowed speech
- ~ Distinctive odor on clothing
- ~ Chronic sore throat
- ~ Chronic fatigue and lack of motivation
- ~ Irritating cough
- ~ Lack of body coordination

### Health Effects:

- ~ Emphysema-like symptoms
- ~ Lung Cancer
- ~ Cell abnormalities
- ~ Respiratory tract and sinus infections
- ~ Lowered immune system response
- ~ Impotency and infertility; changes to reproductive system
- ~ Loss of interests and motivation

### Workplace Issues

This drug alters a user's sense of time and reduces the ability to perform tasks requiring concentration; and thus reduces significantly productivity in the workplace.

***FACT:** One or two joints will stay in the user's system for two or three days. If marijuana use occurs three or four times a week, the metabolite stays in the system for about two weeks. Daily use of marijuana will stay in the system anywhere from three to six weeks.*

### Cocaine

Cocaine is a powerful stimulant that is very addicting leading to physical and psychological dependence. It is commonly sniffed, injected, and or snorted in a powder form.

Free-base cocaine is also known as "crack" or "rock" and is smoked. Cocaine creates an initial surge of excitement followed by a sense of increased energy, alertness, and inflated sense of self-esteem. Chronic nasal problems, recurrent sinusitis, sleep, and anxiety disorders are just a few of the physical, behavioral, speech, and performance indications of cocaine use.

### Signs and Symptoms of Abuse:

- ~ Dilated pupils
- ~ Increased pulse rate
- ~ Elevated blood pressure
- ~ Insomnia
- ~ Loss of appetite
- ~ Tactile hallucinations
- ~ Paranoia
- ~ Seizures
- ~ Anxiety and agitation
- ~ Periods of increased activity followed by fatigue and depression
- ~ Wide mood swings
- ~ Difficulty concentrating

**Health Effects:**

- ~ Cardiac arrest or respiratory failure
- ~ Ulcerated mucous membrane of the nose
- ~ HIV/Hepatitis/AIDS
- ~ Increase tolerance and craving for the drug

*FACT: Crack is often considered the "safer" form of cocaine. This is NOT correct. Crack cocaine is the most addictive and dangerous drug today. Crack causes vomiting, tremors, convulsions, and rapid heartbeat. High doses depress brain functioning, which may lead to death. Cocaine remains in a users system for about two to four days.*

**Workplace Issues**

- ~ Extreme mood and energy swings create instability. Sudden noise causes a violent reaction.
- ~ Lapses in attention and 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.

**Amphetamines**

Amphetamines stimulate the central nervous system promoting a feeling of alertness and an increase in speech and general activity. Depending on the dosage and quality, they may also bring auditory, visual, or tactile hallucinations. Frequent users often suffer from measles like acne, have trouble with their teeth, gums, and nails, and have dry hair.

A derivative of from amphetamines is methamphetamines. It has become more popular in recent years, and can be manufactured from common household products. It has similar effects on the central nervous system, but enters the system much faster. It is highly addictive, and comes in several forms: white powder, pills, and crystal-like rock. It can be swallowed, injected, inhaled, or smoked. Names can vary depending on form, geographical location, and the local drug culture. Also known as crank

**Signs and Symptoms of Abuse:**

- ~ Mood changes
- ~ Restlessness
- ~ Dilated pupils
- ~ Increased heart rate and blood pressure
- ~ Decreased appetite
- ~ Impaired concentration
- ~ Impaired mental functioning
- ~ Swings between apathy and alertness

**Health Effects:**

- ~ Increased heart and respiratory rates
- ~ Elevated blood pressure
- ~ Sweating
- ~ Headaches
- ~ Blurred vision
- ~ Dizziness
- ~ Sleeplessness and anxiety
- ~ Poor coordination
- ~ Physical collapse

**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.

**FACT:** *Frequent users become dependent on using amphetamines and methamphetamines to avoid the "down" mood that they experience when the high wears off. They can be detected in a user's body for about two to three days after use.*

**Opiates**

Opiates are pain relievers that cause drowsiness and respiratory depression along with euphoria. Common opiates are opium, morphine, codeine, synthetic narcotics (Vicodin, Darvon, Demerol and methadone), and heroin. Most medical problems associated with opiates are caused by the uncertain dosage levels, use of non-sterile needles, contamination of the drug, and or the combination of a narcotic with other drugs. Common street names are: smack, junk, dope, brown sugar, morpho, and coties. Many abusers are also taking prescription drugs containing codeine or morphine.

**Signs and Symptoms of Abuse:** Initially produces a feeling of euphoria that is followed by:

- ~ Drowsiness
- ~ Nausea and vomiting
- ~ Constricted pupils
- ~ Watery eyes and itching
- ~ Low and shallow breathing
- ~ Clammy skin
- ~ Impaired respiration
- ~ Convulsions
- ~ Coma
- ~ Death

**Health Effects:**

- ~ Tolerance develops rapidly
- ~ Addiction
- ~ HIV/AIDS/Hepatitis
- ~ Premature, stillborn or addicted infants

## Workplace Issues

### Effects on Mental Performance

- ~ Depression and apathy
- ~ Wide mood swings
- ~ Slowed movement and reflexes

In addition the high physical and psychological dependence level of opiates compounds the impaired functioning.

### Effects on Driver Performance

The apathy caused by opiates can translate into an "I don't really care" attitude towards performance. The physical effects as well as the depression, fatigue, and slowed reflexes impede the reaction time of the driver, raising the potential for accidents. Although opiates have a legitimate medical use in alleviating pain, workplace use may cause impairment of physical and mental functions.

- ~ Premature death/fatal accidents
- ~ Injuries/accident rates
- ~ Absenteeism/extra sick leave, and
- ~ Loss of production.

***FACT:** Heroin accounts for 90% of the narcotic abuse in this country. When injected it reaches the brain in 15 to 30 seconds and the effect lasts three to five hours. Opiates can be detected in a users system one to two days after use.*

## PCP (phencyclidine)

PCP is often referred to as 'angel dust', 'rocket fuel', or 'killer weed'. It is a hallucinogenic drug that is smoked, swallowed, snorted, or injected. This drug distorts the senses and often produces hallucinations. PCP interrupts the function of the neurocortex, the section of the brain that controls the intellect and keeps instincts in check as it blocks pain receptors. Violent PCP episodes may result in self-inflicted injuries.

### Signs and Symptoms of Abuse:

- ~ Impaired concentration
- ~ Confusion and agitation
- ~ Muscle rigidity
- ~ Profuse sweating
- ~ Repetitive speech patterns
- ~ Blank stares
- ~ Impaired driving ability

### Health Effects:

- ~ Memory problems
- ~ Speech difficulties
- ~ Depression
- ~ Anxiety
- ~ Violent behavior
- ~ Paranoia
- ~ Hallucinations
- ~ Convulsions
- ~ Coma

## Workplace Issues

- ~ Employees who fall under Federal guidelines such as the Department of Transportation's testing regulations are prohibited from using PCP.
- ~ Use causes severe disorientation.

**FACT:** PCP has a direct effect on the brain's internal stimuli. Users deal with their environment in a manner that is not characteristic of their normal behavior. More deaths occur from erratic behavior on the user's part than on the actual drug use itself. This drug remains in the user's body for up to eight days after use.

## Over the Counter (OTC) Drugs

Over-the-counter (OTC) drugs, especially cough and cold medications are becoming popular as recreational drugs, especially for young people. Hospitals have reported dozens of overdoses in the past two years, including deaths. Antihistamines, decongestants, cough syrups, pain relievers, mouthwashes, reducing aids, sleeping aids, stimulants, alcohol, caffeine, lookalikes, act-alikes.

### Combinations:

Cold and cough preparations with codeine and/or alcohol, with antihistamines and decongestants or with phenylpropanolamine (PPA). Mouthwash with alcohol. Aspirin with caffeine and/or acetaminophen. Amphetamine (speed) look-a-like with caffeine, PPA, ephedrine. Quaalude (lude) look-a-like with acetaminophen or aspirin. Cocaine (coke) look-a-like with caffeine, PPA, ephedrine and benzocaine, lidocaine, procaine or tetracaine.

Dextromethorphan (DXM) is found in over 120 non-prescription cough and cold medications. It is a synthetic drug similar to morphine, and has been added to cough syrups and some cold medications since the 1970's. Sleep aids like Tylenol PM, Excedrin PM, and Somnex can exert a stimulant effect that disrupts the regular sleep pattern.

### Some Popular OTC Drugs:

- ~ Dextromethorphan (DXM)
- ~ Coricidin HBP Cough & Cold Medicine
- ~ Robitussin DM (2 milligram per milliliter)
- ~ Nyquil
- ~ Vicks Formula 44
- ~ Dramamine taken in high doses (one entire package or more) can cause hallucinations.

### **What It Feels Like:**

Varies from mild drug effects to extreme combination drug effect. Alertness, anxiety, restlessness, confusion, dizziness, numbness, lightheadedness, mild euphoria, drowsiness, relaxation, nausea, headache, hostility, delirium, excitement, body tension. Look-a-like amphetamine: agitation, hallucination. Look-a-like cocaine: rush of euphoria, anxiety.

### **Health Effects:**

*To Your Mind:* Stimulates or depresses central nervous system, especially respiratory center.

*To Your Body:* Alters heart rate, blood pressure, and breathing, interferes with control of body movements and reflex actions.

Hypertension. Inability to sleep. Changes in blood pressure and heart functions. Respiratory depression, individual allergic or psychotic reactions, kidney and liver damage. Coma, vomiting, tremors, ulcers, colitis. Needle related infections and AIDS.

### **Special Characteristics:**

Depressant effect is intensified if antihistamines, alcohol, tranquilizers, and like drugs are combined. Nose sprays effect "nasal rebound effect" and addiction. Cold pills combined with cough syrups can double dose and side effects of all drugs. Small children are strongly affected by alcohol based drugs. Aspirin should be avoided before surgery. It interacts with various prescription drugs and can cause internal bleeding when combined with alcohol. Aspirin use for children under age 16 with chicken pox or flu can bring on Reye Syndrome. Aspirin is the most common cause of accidental poisoning in children. Ibuprofen may have side effects for those allergic to aspirin. PPA can cause heart palpitations. Indocin and PPA can raise blood pressure to life-threatening levels.

### **When to Get Help?**

- ~ Do you take more medication than is prescribed?
- ~ Is your work or school performance affected by your drug use?
- ~ Are you having problems with family and friends?
- ~ Are you spending more on drugs than you can afford?
- ~ Do you use a variety of drugs?

One "yes" and your common sense tell you it's time to get smart about drugs and the rest of your life.



## **What should I do if I have a drug or alcohol abuse problem?**

Seek help. Jobs performed by safety-sensitive transportation employees keep America's people and economy moving. Your work is a vital part of everyday life. Yet, by abusing drugs or alcohol, you risk your own life, your co-workers lives and the lives of the public.

Most every community in the country has resources available to confidentially assist you through the evaluation and treatment of your problem. If you would like to find a treatment facility close to you, check with your local yellow pages, local health department or visit the U.S. Department of Health and Human Services treatment facility locator at <http://findtreatment.samhsa.gov>. This site provides contact information for substance abuse treatment programs by state, city and U.S. Territory.

Also, many workplace programs are in place to assist employees and family members with substance abuse, mental health and other problems that affect their job performance. While they may vary by industry, here is an overview of programs that may be available to you:

### **Employee Assistance Programs (EAPs)**

While not required by DOT agency regulations, EAPs may be available to employees as a matter of company policy. EAPs are generally provided by employers or unions.

**Note:** Many employees believe they only need to contact an EAP counselor if they have a positive drug and/or alcohol test. Not true! EAP programs vary considerably in design and scope. Some focus only on substance abuse problems; others undertake a broad brush approach to a range of employee and family problems. Some include prevention, health and wellness activities. Some are linked to the employee health benefit structures. These programs offer nearly full privacy and confidentiality, unless someone's life is in danger. Do you know what programs are available at your job? Be sure to ask your employer!

### **Voluntary Referral Programs**

Often sponsored by employers or unions, referral programs provide an opportunity to self-report to your employer a substance abuse problem *before* you violate testing rules. This gives you an opportunity for evaluation and treatment, while at times guaranteeing your job. Be sure to check your company to see if there is a voluntary referral program.

**Remember:** Self-reporting just after being notified of a test does not release you from your responsibility of taking the test, and it also does not qualify as a voluntary referral.

## Where to Go For Help

Listed below are some numbers and addresses for national sources of help and information. For local assistance please refer to your community phone book and those resources noted below.

### National Toll-Free Numbers and Informative Websites

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**Substance Abuse Treatment Locator**  
(800) 662-HELP /  
[www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov)

**Al-Anon (For Families of Alcoholics)**  
(800) 356-9996 / [www.aa.org](http://www.aa.org)

**Nar-Anon (For Families of Drug Addicts)**  
(800) 477-6291 / [www.nar-anon.org](http://www.nar-anon.org)

**American Council on Alcoholism**  
(800) 527-5344 / [www.aca-usa.org](http://www.aca-usa.org)

**National Council on Alcoholism and Drug  
Dependence Hope line**  
(800) NCA-CALL / [www.ncadd.org](http://www.ncadd.org)

**Focus on Recovery Helpline**  
(800) 234-0420 / [www.focushealthcare.com](http://www.focushealthcare.com)

**Marijuana Anonymous**  
(800) 766-6779

**Drug Abuse Information and Treatment  
Referral Hotline**  
(NIDA HOTLINE)  
**The Partnership for a Drug-Free America**  
[www.Drug-Free.org](http://www.Drug-Free.org)

**The National Institute on Drug Abuse**  
[www.NIDA.NIH.gov](http://www.NIDA.NIH.gov)

**Do Something**  
[www.dosomething.org](http://www.dosomething.org)

**Turn to Help Now**  
[www.turntohelpnow.com](http://www.turntohelpnow.com)

**Substance Abuse and Mental Health Services  
Administration (SAMHSA)**  
[www.samhsa.gov](http://www.samhsa.gov)

**Department of Health and Human Services**  
(800) 662-HELP  
**Local Mental Health Centers**  
(Check Phone Directory)

**Alcoholics Anonymous**  
(Consult your local directory)

# DRUG-FREE WORKPLACE LAST CHANCE AGREEMENT

## THE FOLLOWING CONSTITUTES A LAST CHANCE AGREEMENT BETWEEN HAMILTON COMMUNITY SCHOOLS AND

\_\_\_\_\_  
(EMPLOYEE'S NAME)

I, \_\_\_\_\_ (EMPLOYEE'S NAME), understand that my continued employment is contingent upon compliance with all of the following terms of this agreement.

I will be evaluated for chemical dependency by a qualified Substance Abuse Professional (SAP) in accordance with Department of Transportation (DOT) regulation 49 CFR Part 40, Subpart O. I will pay for all services that are required, including evaluation, treatment, return-to-duty, follow-up and random substance abuse testing.

I will comply with all of the treatment and follow-up recommendations made by the SAP. It is the responsibility of \_\_\_\_\_ (EMPLOYEE'S NAME) to schedule and attend meetings with the SAP; and attend all treatment sessions on a schedule to be established by the treatment provider. \_\_\_\_\_ (EMPLOYEE'S NAME) will call and schedule the first appointment with the SAP no later than one week after all parties sign this agreement.

I agree to waive my right to confidentiality regarding participation in the treatment program. I agree to sign appropriate releases to allow the SAP and any treatment provider to communicate with each other.

I also agree to sign a release allowing the SAP to communicate directly with my supervisor about participation in the treatment program, the counseling/support program to which I am referred, if any, and conduct on the job.

I will actively participate in any counseling/support program as recommended by the SAP and/or treatment provider, if any. I agree to submit documentation to **HAMILTON COMMUNITY SCHOOLS** that I have attended and satisfactorily participated in the counseling/support session as required by the treatment provider and/or SAP. I will pay for all services that are required, including evaluation, treatment and follow-up substance abuse testing.

I authorize **HAMILTON COMMUNITY SCHOOLS** to receive all relevant information regarding my progress in my rehabilitation program.

I will be subject to unannounced testing (follow-up monitoring) for up to \_\_\_\_\_ years.

I recognize, accept, and agree that any future violation of the Company's Testing Program's Drug-Free Workplace Policy by me will result in the termination of my employment. I am responsible for meeting the same standards of performance and conduct that are set for other employees.

I understand that failure to comply, in whole or in part, with all of the terms and conditions of this agreement will result in further disciplinary action, up to and including termination of employment with **HAMILTON COMMUNITY SCHOOLS**.

**IT IS AGREED BY ALL OF THE PARTIES THAT IF THE EMPLOYEE VIOLATES THE LAST CHANCE AGREEMENT, THE APPROPRIATE DISCIPLINE SHALL BE TERMINATION FROM HIS/HER POSITION. THE COMPANY NEED ONLY PROVE THAT THE EMPLOYEE VIOLATED THE ABOVE AGREEMENT(S)/RULE(S). THE ARBITRATOR SHALL HAVE NO AUTHORITY TO MODIFY THE DISCIPLINE. ALL PARTIES ACKNOWLEDGE THE WAIVER OF THE CONTRACTUAL DUE PROCESS RIGHTS TO THE EXTENT STATED ABOVE.**

**THIS LAST CHANCE AGREEMENT IS IN FORCE AND EFFECT FOR TWO YEARS FROM THE DATE OF THE EMPLOYEE'S SIGNATURE ON THIS AGREEMENT. THE AGREEMENT SHALL BE EXTENDED BY ANY PERIODS OF LEAVE IN EXCESS OF 10 DAYS INCLUDING, BUT NOT LIMITED TO, VACATION, PERSONAL LEAVE, SICK LEAVE, DISABILITY, AND WORKERS' COMPENSATION.**

The employee attests that his/her signature below was in no way coerced by any party or by the representative of any party.

By entering into this agreement, the employee acknowledges that he/she has read and considered each of the provisions of this agreement and that he/she voluntarily enters into this agreement with full knowledge of the consequences.

\_\_\_\_\_  
(EMPLOYEE SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(COMPANY SIGNATURE)

\_\_\_\_\_  
(DATE)