

GEAUGA COUNTY DRUG AND ALCOHOL CONSORTIUM

CERTIFICATE OF RECEIPT
SUBSTANCE ABUSE TEST POLICY AND PROCEDURES

I acknowledge receipt of the *Substance Abuse Policy and Procedures*, as amended 2/25/2014.

I understand that in accordance with my job classification, I am subject to drug and alcohol testing per Federal guidelines.

Additionally, I understand my obligation to report to work free from the effects of drugs and alcohol.

Therefore, upon entering the work place during hours of work until leaving the work place, and while operating or on public authority property, I assume said responsibility as stated above.

**6th Revision to the Geauga County Drug and Alcohol Consortium
Substance Abuse Policy and Procedure Manual**

1. FHWA (Federal Highway Workers Administration) references updated to FMCS (Federal Motor Carriers Safety Administration) throughout manual.
2. Clarification for FMCSA post-accident testing requirements, page 8.
3. Added Zero Tolerance section for Member Entities with a zero tolerance policy, page 12-13.
4. Definitions location have been moved from front of manual to pages 13-15.
5. Random Testing section amended to read:
 - 4.1 The DER or alternate is responsible for advising the Random Testing Administrator of any positive tests, page 18.
 - 5.1 The name and identification number assigned to an Employee by the DER is used in the system, page 18.
 - 5.2 The random number generator system selects the identification number, page 18.
6. Form A(2) combined from A(2) & A(3) Authorization from Previous Employer, page 27
7. NEW Form A(3) for FTA *Post-Accident Testing Decision Report*, page 28.
8. Form B(4) combined from B(4) & B(5) for location of collection sites, page 32.
9. Form B(5) deleted.
10. System Contacts, Attachment E, updated to current information, page 43

PRINT NAME

SIGNATURE

DATE

Note: Sign and return to DER. DER needs to place in employee's drug & alcohol file

**GEAUGA COUNTY DRUG AND ALCOHOL CONSORTIUM
SUBSTANCE ABUSE POLICY AND PROCEDURE MANUAL**

Effective Date: January 1, 1996

1st Revision: February 17, 2000

2nd Revision: March 21, 2002


3rd Revision: November 22, 2004

4th Revision: June 30, 2010

5th Revision Adopted by Consortium: February 9, 2011

6th Revision Adopted by Consortium: February 25, 2014

Chairperson



Frank Antenucci

Co-Chairperson

Vacant

Member



Randal Sharpe

Member



Frank Sirna

TABLE OF CONTENTS

SUBSTANCE ABUSE POLICY

Purpose.....	Pg. 6
Applicability.....	Pg. 6
Types of Tests	Pg. 6
Education and Training.....	Pg. 6
Security & Control.....	Pg. 6
Legal Drugs/Over-the-Counter (OTC) Drugs.....	Pg. 7
Alcohol.....	Pg. 7
Pre-Employment Testing.....	Pg. 7
Previous Employer Record Checks.....	Pg. 7
Reasonable Suspicion Testing	Pg. 7
Post-Accident Testing.....	Pg. 8-9
Random Testing	Pg. 9
Quarterly Test Periods.....	Pg. 9
Return-to-Duty and Follow-Up Testing.....	Pg. 9
Drug Testing	Pg. 10
Alcohol Testing.....	Pg. 11
Prohibited Conduct.....	Pg. 11
Consequences of Policy Violation.....	Pg. 12
Discipline	Pg. 12
Zero Tolerance	Pg. 12-13
Drug Statute Conviction	Pg. 13
Employer and Employee Responsibilities	Pg. 13
Definitions.....	Pg. 13-15

TABLE OF CONTENTS

DRUG AND ALCOHOL TESTING PROCEDURES

PURPOSE – ESTABLISH SIX CATEGORIES-SUBSTANCES..	Pg. 16
PRE-EMPLOYMENT TESTING	Pg. 17
1.0 Purpose.....	Pg. 17
2.0 Scope/Applicability.....	Pg. 17
3.0 Responsibility.....	Pg. 17
4.0 Requirements.....	Pg. 17
5.0 Procedures.....	Pg. 17
RANDOM TESTING	
1.0 Purpose.....	Pg. 18
2.0 Scope/Applicability.....	Pg. 18
3.0 Selection Methodology.....	Pg. 18
4.0 Responsibility.....	Pg. 18
5.0 Background.....	Pg. 18-19
6.0 Procedures.....	Pg. 19
7.0 Documentation.....	Pg. 19
POST-ACCIDENT TESTING	
1.0 Purpose.....	Pg. 19
2.0 Scope/Applicability.....	Pg. 20
3.0 Responsibility.....	Pg. 20
4.0 Requirements.....	Pg. 20
5.0 Procedures.....	Pg. 20-21
RETURN-TO-DUTY TESTING/FOLLOW-UP TESTING	
1.0 Purpose.....	Pg. 21
2.0 Scope/Applicability.....	Pg. 22
3.0 Responsibility.....	Pg. 22
4.0 Requirements.....	Pg. 22
5.0 Procedures.....	Pg. 22
REASONABLE SUSPICION TESTING	
1.0 Purpose.....	Pg. 23
2.0 Scope/Applicability.....	Pg. 23
3.0 Responsibility.....	Pg. 23
4.0 Requirements.....	Pg. 23
5.0 Procedures.....	Pg. 23-24

TABLE OF CONTENTS

ATTACHMENTS

Attachment A – Follow-Up Testing Agreement	Pg. 25
Attachment A(1) – Notice to Applicants	Pg. 26
Attachment A(2) – Authorization for Release of Information From Previous Employer (Revised)	Pg. 27
Attachment A(3) – FTA Post Accident Testing Decision Report	Pg. 28
Attachment B(1) – Order for Testing	Pg. 29
Attachment B(2) – Instructions for Collection of Specimen for Drug Testing.....	Pg. 30
Attachment B(3) – Instructions for Collection of Breath Specimen for Alcohol Testing	Pg. 31
Attachment B(4) – Location of Collection Sites	Pg. 32
Attachment C – List of Safety Sensitive Positions	Pg. 33
Attachment D(1) – Reasonable Suspicion Observation Checklist	Pg. 34-36
Attachment D(2) – Reasonable Suspicion Incident Checklist.....	Pg. 37-39
Attachment E - System Contacts..... Treatment Centers HHS Certified Laboratory	Pg. 40-41
Attachment F - Alcohol Fact Sheet.....	Pg. 42-43
Attachment G - Minimum Thresholds.....	Pg. 44

GEAUGA COUNTY CONSORTIUM SUBSTANCE ABUSE POLICY

Purpose

It is the policy of the Geauga County Drug and Alcohol Consortium (“Consortium”) that all Safety Sensitive Employees (“Employees”) are free of substance abuse and alcohol abuse. Consequently, the use of illegal drugs by Employees is prohibited. Further, Employees shall not use alcohol as to engage in “prohibited conduct” as defined herein. The overall goal of this policy is to ensure a drug and alcohol-free environment.

The policies and procedures contained in this document are intended to comply with the provisions as set forth in 49 CFR Part 40. Upon written request, 49 CFR Part 40 is available for review.

Applicability

This policy applies to all Safety Sensitive Employees. A list of safety-sensitive positions is provided in Attachment C. All Safety Sensitive Employees are subject to Drug and Alcohol testing when on duty.

Types of Tests

Pursuant to regulations promulgated by the Department of Transportation (DOT), the six circumstances for drug and alcohol tests:

- (1) Pre-Employment (Drug Test Only)
- (2) Reasonable Suspicion
- (3) Post-Accident
- (4) Random
- (5) Return-to-duty
- (6) Follow-Up

Education and Training

Employees in a safety sensitive position will receive a copy of this policy, and will receive appropriate training regarding drug and alcohol use, misuse and effects. Personnel who are in a position to determine employee fitness for duty will receive additional training regarding reasonable suspicion and drug and alcohol use and its effects.

Security & Control

The Designated Employer Representative (DER) is responsible for the security and confidentiality of all aspects of this policy in its application. All records including but not limited to the random control selection list, notification of tests, test results, and related medical records shall be kept in a secure location separate from the personnel files. Access to these

records shall be limited to authorized personnel and Employee upon written request. Drug and alcohol records are not subject to disclosure without written authorization of the Employee unless requested in accordance with sections 40.321 and 40.323 of the Federal regulations.

Legal Drugs/Over-the-Counter Drugs

The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited.

A legally prescribed drug means that the individual has a prescription or other written approval from a physician for the use of a drug in the course of medical treatment. Employees should seek medical advice when using any substance, which carries a warning label that indicates that mental functioning, motor skills, or judgment, may be adversely affected. Employees are required to report for duty free from the effects of drugs and/or alcohol.

Alcohol

The use of any substances containing alcohol (including any mouthwash, medication, food, and candy) is prohibited.

Pre-Employment Testing

As a condition of employment, all Applicants and Pre-transfer Employees applying for safety sensitive positions must submit to and pass a drug test. A safety sensitive employee, who has been on leave for 90 consecutive days and removed from the random testing pool, may not return to a safety sensitive position until a verified negative test result is completed.

A positive result on a pre-employment drug test will disqualify an applicant from further consideration for employment for at least one year. The Pre-transfer Employee will not be placed in the safety sensitive position and may be subject to disciplinary action up to and including dismissal.

Previous Employer Record Checks

Applicants and Pre-transfer Employees are required to report previous DOT covered employer drug and alcohol test results. Failure to do so shall result in the employment offer being rescinded.

Reasonable Suspicion Testing

Reasonable suspicion drug and/or alcohol testing may be necessary when an Employee manifests physical or physiological symptoms or reactions commonly attributed to the use of controlled substances or alcohol. If a trained supervisor reasonably concludes that objective facts may indicate drug use or alcohol misuse, this is sufficient justification for testing. Once the determination has been made, the Employee shall immediately be transported to the testing site, removed from his/her safety sensitive position, and placed on administrative leave (paid or unpaid) until receipt of the test results.

An Employee who refuses to submit to a drug/alcohol test shall not be permitted to finish his or her shift and shall immediately be placed on administrative leave (paid or unpaid) and may be subject to disciplinary action up to and including dismissal.

(The decision to place the Employee on paid or unpaid administrative leave is the responsibility of the Appointing Authority/Political Subdivision. Legal Counsel should be consulted to determine what is appropriate within its authority.)

A written record of the observations which led to a drug/alcohol test based on reasonable suspicion shall be prepared and signed by the supervisor making the observation.

Post-Accident Testing

Federal Motor Carriers Safety Administration (FMCSA)

CDL drivers involved in an on-the-job accident where a fatality is involved shall submit to post-accident drug and alcohol testing.

When an Employee is involved in an accident and receives a citation for a moving violation and there is either disabling damage to either vehicle or injury to anyone requiring transportation to a medical facility, the Employee must submit to a drug and alcohol test. A citation alone does not subject the employee to drug and/or alcohol testing. Nothing in this policy prevents testing being required by law enforcement agencies.

Federal Transit Administration (FTA)

When an Employee who is performing a safety sensitive function is involved in an on-the-job accident where a fatality is involved, the Employee and any other covered employee whose performance cannot be completely discounted as a contributing factor shall submit to post-accident drug and alcohol testing.

When an Employee is involved in an accident that results in injuries where one or more person is immediately transported to a medical treatment facility; or if one or more vehicles incur disabling damage, unless the operator's performance can be completely discounted as a contributing factor to the accident, the employee shall submit to post-accident drug and alcohol testing.

FMCSA/FTA

Following any accident, the Employee must contact the employer as soon as possible. The Employee has been issued an information card setting forth certain instructions for post-accident drug and alcohol testing. The Employee shall follow the instructions contained on the information card as well as any additional instructions that come from the Employer or its representatives.

Regulations require that any time a post-accident drug or alcohol test is required, that it be performed as soon as possible following the accident. If no alcohol collection can be made within eight (8) hours, attempts to collect a breath or saliva sample shall cease. If no urine collection can be obtained for purposes of post-accident drug testing within thirty-two (32)

hours, attempts to make such collection shall cease. In the event an Employee is so seriously injured that the Employee cannot provide a urine or breath or saliva specimen at the time of the accident, the Employee must provide necessary authorization for the appointing authority to obtain hospital records or other documents that would indicate whether there were controlled substances or alcohol in the Employee's system at the time of the accident.

NOTE: Disabling damage means damage, which precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, mirrors or windshield wipers that makes them inoperative.

Random Testing

The Employer or its representatives will submit all Safety Sensitive Employees to a random selection system. The random selection system provides an equal chance for each Employee to be selected each time random selection occurs, in accordance with Federal regulations. Random selection, by its very nature, may result in Employees being selected in successive selections or more than once a calendar year. Alternatively, some Employees may not be selected in a calendar year.

If an Employee is selected at random, for either a drug and/or alcohol test, the appropriate DER will notify the Employee. Once notified, all actions, which the Employee takes, must lead to a collection. If the Employee engages in conduct, which does not lead to a collection after notification, such conduct will be considered a refusal to test.

Quarterly Test Periods

An Employee who is absent or on leave when selected for random testing shall be tested immediately upon return to duty. In the event the Employee does not return during the Quarterly Test Period in which the Employee was selected, the DER or designee shall notify the Random Testing Administrator and a replacement test will be scheduled.

** (Quarterly test period for random testing is defined as: 1st Quarter, January 1 through March 31; 2nd Quarter, April 1 through June 30; 3rd Quarter, July 1 through September 30; and 4th Quarter, October 1 through December 31.)*

Return-To-Duty and Follow-Up Testing

All Employees who test positive on a drug and/or alcohol test or refused a test, must test negative for drugs and/or alcohol (below 0.02 for alcohol), and be evaluated and released by the Substance Abuse Professional (SAP) before returning to a safety sensitive position, depending on your discipline policy. For an initial positive drug test a Return-to-Duty drug test is required and an alcohol test is allowed. For an initial positive alcohol test a Return-to-Duty alcohol test is required and a drug test is allowed. The SAP will recommend the Return-to-Duty test only when the Employee has successfully completed the treatment requirement and is known to be

drug and alcohol free. The final decision to return an Employee to a Safety Sensitive Position is at the discretion of the Employer.

Follow-up testing will be performed for a period of one to five years with a minimum of six tests to be performed the first year. The frequency and duration of the follow-up tests (beyond the minimums) will be determined by the SAP. Follow-up testing is separate and in addition to the random, post-accident, reasonable suspicion and return-to-duty testing.

Direct observation collection procedures are mandatory for all return-to-duty and follow-up drug testing.

Drug Testing

Drug testing will be performed through urinalysis on all covered Employees. Urinalysis will test for the presence of metabolites of the following controlled substances:

- (1) Marijuana
- (2) Cocaine
- (3) Opiates (including heroin)
- (4) Amphetamines (including ecstasy and methamphetamine)
- (5) Phencyclidine (PCP)

The urinalysis procedure starts with the collection of a urine specimen. Urine specimens will be submitted to an HHS certified laboratory for testing. As part of the collection process, the specimen provided will be split into two vials; a primary vial and a secondary vial. The HHS certified laboratory will perform the initial screening on all primary vials. In the event that the primary specimen tests positive, a confirmation test of that specimen will be performed before being reported by the laboratory to the Medical Review Officer (MRO) as a positive.

All laboratory results will be reported by the laboratory to a MRO designated by the Employer. Negative test results shall be reported by the MRO to the Employer's designated DER. Before reporting a positive test result to the Employer, the MRO will attempt to contact the Employee to discuss the test results. If the MRO is unable to contact the Employee directly, the MRO will contact the Employer's DER who shall in turn contact the Employee and direct the Employee to contact the MRO. Upon being so directed, the Employee shall contact the MRO immediately or, if after the MRO's business hours and the MRO is unavailable, at the start of the MRO's next business day. In the MRO's sole discretion, a determination will be made as to whether a test result is confirmed as a positive or negative. If the test is invalid without a medical explanation, a retest will be conducted under direct observation.

Pursuant to regulations, individual test results for Applicants and Employees will be released to the DER and will be kept strictly confidential unless consent for the release of the test results has been obtained from the Employee. Any individual who has submitted to drug testing in compliance with this policy is entitled to receive the results of such testing upon timely written request.

An Employee who questions the results of a required drug test may make a request of the MRO to have the split sample tested. The split sample test must be conducted at a second HHS-certified laboratory with no affiliation with the laboratory that analyzed the primary sample. The individual making the request for a test of the second specimen must pre-pay all costs associated

with the test. The request for testing of a second specimen is timely if it is made to the MRO within 72 hours of the individual being notified by the DER of a positive test result.

Alcohol Testing

Alcohol testing will be performed using a National Highway Traffic Safety Administration (NHTSA) approved Evidential Breath Testing (EBT) device operated by a trained Breath Alcohol Technician (BAT). Alcohol screening tests may be performed using a non-evidential testing device, which is also approved by NHTSA. If the initial test indicates an alcohol concentration of 0.02 or greater, a second test will be performed to confirm the results of the initial test. The confirmatory test must occur on an EBT.

In the event that an Employee has a blood-alcohol content of .02 but less than .04, the Employee shall immediately be removed from duty for 24 hours or until their next scheduled on-duty time, whichever is longer. The employee will not be allowed to return to a safety sensitive position until he/she submits to an alcohol test with a result of less than .02 BAC.

Prohibited Conduct

The following shall be considered “prohibited conduct” for purposes of this policy:

No Employee shall report for duty or remain on duty while having an alcohol concentration of .02 or greater.

No Employee shall be on duty or operate, control the movement of, or maintain a commercial motor vehicle/ revenue service vehicle while the Employee possesses alcohol.

No Employee shall consume alcohol while performing safety sensitive functions.

No Employee shall perform safety sensitive functions within four (4) hours after consuming alcohol.

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

No employee shall refuse to submit to a post-accident alcohol and/or drug test, a random alcohol or drug test, a reasonable suspicion alcohol or drug test, or a follow-up alcohol or drug test.

No Employee shall report for duty or remain on duty when the Employee uses any controlled substance, except when use is pursuant to the instructions of a physician by written release who has advised the Employee that the substance does not adversely affect the Employee’s ability to operate, control or maintain a motor vehicle.

If the Employer has actual knowledge or has reason to believe that an Employee has engaged in prohibited conduct, the Employer shall require the Employee to submit to immediate drug and/or alcohol testing.

If an Employee engages in prohibited conduct, the Employee is not qualified to perform safety sensitive duties and shall be immediately removed from the safety sensitive position and placed on administrative leave (paid or unpaid), disciplinary action may be taken against the employee up to and including dismissal. *(The decision to place the Employee on paid or unpaid administrative leave is the responsibility of the Appointing Authority/Political Subdivision. Legal Counsel should be consulted to determine what is appropriate within its authority.)*

Consequences of Policy Violation

A positive drug and/or alcohol test or the refusal to submit to any test as stated in TYPES OF TEST (Page 1, Items 1 through 6) is considered a positive test and may result in disciplinary action taken against the employee up to and including dismissal. The following are considered a Refusal To Test if the Employee: 1) fails to appear for any test (excluding pre-employment) within a reasonable time as determined by the Employer after being directed to do so; 2) fails to remain at the testing site until the testing process is complete; 3) fails to provide a urine or breath specimen for any drug or alcohol test required by FTA/FMCSA regulations; 4) In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of Employee provision of a specimen; 5) 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; 6) fails or declines to take a second test the employer or collector has directed you to take; 7) fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER as part of the “shy bladder” or “shy lung” procedures; 8) fails to cooperate with any part of the testing process (e.g., refuses to empty pockets when so directed by the collector, behaves in a confrontational way that disrupts the collection process); 9) if the MRO reports that there is verified adulterated or substituted test result; and 10) failure or refusal to sign Step 2 of the alcohol testing form.

A Safety Sensitive Employee who has a verified positive drug and/or alcohol test (>.04 BAC), will be removed from his/her safety-sensitive position, informed of educational and rehabilitation programs available, and provided a list of Substance Abuse Professionals (SAP) for assessment. No employee will be allowed to return to safety-sensitive job functions without the approval of the SAP and the Employer, and the execution of a *Follow-Up Testing Agreement* (Attachment A).

If an Employee is terminated due to a positive drug and/or alcohol test, the Employer shall provide the Employee with a list of qualified Substance Abuse Professionals.

Discipline

This policy does not provide policies or make recommendations regarding the issuance of discipline when applicable. All Consortium Member Entities should have in place the disciplinary policies and procedures required to facilitate the issuance of discipline for violations of the policies and procedures stated in this manual.

The decision to discipline/terminate an Employee is the sole responsibility of a Member Entity.

Zero Tolerance

Member Entities may have a Zero Tolerance Policy. Any covered employee that (1) refuses to comply with a request for testing, (2) has a verified positive drug test, (3) has a confirmed alcohol test result, (4) fails to comply with the drug statute conviction section below, (5) or is placed, transferred, or promoted to a position covered under FTA/FCMHA authority and has a verified positive result, will be removed from his/her safety-sensitive position, informed of educational and rehabilitation programs available, referred to a Substance Abuse Professional (SAP) for assessment, and will be terminated from employment.

In the rare event an employee is reinstated with court order or other action beyond the control of the Member Entity, the employee must complete the return-to-duty process prior to the performance of safety-sensitive functions.

Drug Statute Conviction

Consistent with the Drug Free Workplace Act of 1998, Safety Sensitive Employees are required to notify the Employer of any criminal drug statute conviction for a violation occurring in the workplace within five days after such conviction. Failure to comply with this provision may result in disciplinary action up to and including dismissal.

Employer and Employee Financial Responsibilities

The Employer will be responsible for costs relating to establishing and maintaining the random selection system and all associated costs. Additionally, the Employer will pay for the collection and testing of pre-employment, random, post accident, return-to-duty (not related to a positive test), follow-up, and reasonable suspicion testing. The Employer will cover the charges for the MRO and the Employee will be responsible for all charges relating to the SAP. Any additional tests requested by the Employee will be paid for by the Employee.

DEFINITIONS

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.

Alcohol means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols contained in any beverage, mixture, mouthwash, candy, food, preparation or medication.

Alcohol Concentration is expressed in terms of grams of alcohol per 210 liters of breath as measured by an evidential breath-testing device.

Canceled Test is a drug test that has been declared invalid by a Medical Review Officer. A canceled test is neither positive nor negative.

Covered Employee means an employee who performs a safety-sensitive function including an applicant or transferee who is being considered for hire into a safety-sensitive function as designated by the political subdivision.

Designated Employer Representative (DER) An employee authorized by the employer to take immediate action to remove employees from safety-sensitive duties and to make required

decisions in testing. The DER also receives test results and other communications for the employer, consistent with the requirements of 49 CFR Parts 40 and 655.

Dilute specimen. A specimen with creatinine and specific gravity values that is lower than expected for human urine.

Direct observed collection occurs when the collector observes the employee giving the sample.

Evidentiary Breath Testing Device (EBT) A Device approved by the NHTSA for the evidential testing of breath at the 0.02 and the 0.04 alcohol concentrations. Approved devices are listed on the National Highway Traffic Safety Administration (NHTSA) conforming products list.

Medical Review Officer (MRO) means a licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by the drug testing program who has knowledge of substance abuse disorders, and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result, together with his/her medical history, and any other relevant bio-medical information.

Negative Dilute A drug test result, which is negative for the five drug/drug metabolites but has a specific gravity value lower than expected for human urine and results in a second collection.

Negative test result for a drug test means a verified presence of the identified drug or its metabolite below the minimum levels specified in 49 CFR Part 40, as amended. An alcohol concentration of less than 0.02 BAC is a negative test result.

Non-negative test result is a test result found to be adulterated, substitute, invalid, or positive for drug/drug metabolites.

On-Duty An employee is considered on-duty upon entering the work place during hours of work until leaving the work place, and while operating or on public authority property.

Performing (a safety-sensitive function) means a covered employee is considered to be performing a safety-sensitive function and includes any period in which he or she is actually performing, ready to perform, or immediately available to perform such functions.

Positive test 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. A positive alcohol test result means a confirmed alcohol concentration of 0.04 BAC or greater.

Prohibited drug means marijuana, cocaine, opiates (including heroin), amphetamines (including ecstasy and methamphetamines), or phencyclidine at levels above the minimum thresholds specified in 49 CFR Part 40, as amended.

Substance Abuse Professional (SAP) means a licensed physician (medical doctor or doctor of osteopathy) or licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or by the International Certification Reciprocity Consortium/Alcohol and other Drug Abuse) with knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol related disorders.

Substituted specimen. A specimen with creatinine and specific gravity values that are so diminished that they are not consistent with normal human urine.

Test Refusal The following are considered a refusal to test if the employee:

- 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
- Fails to remain at the testing site until the testing process is complete;
- Fails to provide a urine or breath specimen for any drug or alcohol test required by Part 40 or DOT agency regulations;
- In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of your provision of a specimen
- 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
- Fails or declines to take a second test the employer or collector has directed you to take;
- 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
- 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).
- If the MRO reports that there is verified adulterated or substituted test result
- Failure or refusal to sign the alcohol testing form.

Verified negative test means a drug test result reviewed by a medical review officer and determined to have no evidence of prohibited drug use above the minimum cutoff levels established by the Department of Health and Human Services (HHS).

Verified positive test means a drug test result reviewed by a medical review officer and determined to have evidence of prohibited drug use above the minimum cutoff levels specified in 49 CFR Part 40 as revised.

Validity testing is the evaluation of the specimen to determine if it is consistent with normal human urine. The purpose of validity testing is to determine whether certain adulterants or foreign substances were added to the urine, if the urine was diluted, or if the specimen was substituted.

**GEAUGA COUNTY CONSORTIUM
DRUG AND ALCOHOL TESTING PROCEDURES**

Purpose

To establish testing procedures for the six categories of testing listed below

The six categories of testing are:

- Pre-Employment (Drug Testing Only)
- Reasonable Suspicion
- Post-Accident
- Random
- Return-to-duty
- Follow-Up

The five drug substances for which testing is required are:

- Marijuana
- Cocaine
- Opiates (including heroin)
- Amphetamines (including ecstasy and methamphetamine)
- Phencyclidine

Documentation

Follow-Up Testing Agreement	Attachment A
Notice to Applicant	Attachment A(1)
Authorization For Release Of Information From Previous Employer	Attachment A(2)
On US DOT Drug and Alcohol Testing	
FTA Post Accident Testing Decision Report	Attachment A(3)
Order for Testing	Attachment B(1)
Instructions for Collection of Specimen for Drug Testing	Attachment B(2)
Instructions for Collection of Breath Specimen for Alcohol Testing	Attachment B(3)
Location of Collection Sites –Testing Facilities	Attachment B(4)
List of Safety Sensitive Positions	Attachment C
Reasonable Suspicion Observation Checklist	Attachment D(1)
Reasonable Suspicion Incident Checklist	Attachment D(2)
Systems Contacts	Attachment E
Alcohol Fact Sheet	Attachment F
Minimum Thresholds	Attachment G

PRE-EMPLOYMENT TESTING

1.0 PURPOSE

- 1.1 To establish a standard procedure and practice for pre-employment testing.

2.0 SCOPE/APPLICABILITY

- 2.1 All Applicants or Pre-transfer Employees applying for a safety sensitive position must submit to and pass a drug test prior to performing any safety sensitive duties. A Safety Sensitive Employee, who has been on leave for 90 consecutive days and removed from the random testing pool, may not return to a position until a verified negative test result is completed.

3.0 RESPONSIBILITY

- 3.1 The Designated Employer Representative (DER) will be responsible for arranging all pre-employment/pre-transfer tests.

4.0 REQUIREMENTS

- 4.1 All Applicants and Pre-transfer Employees to a safety sensitive position must satisfactorily pass (test negative) a drug screening as a condition of employment. A positive result on a pre-employment drug test will disqualify an Applicant from further consideration for employment for at least one year. The Pre-transfer Employee will not be placed in the safety sensitive position and may be subject to disciplinary action up to and including dismissal.
- 4.2 If a pre-employment test is cancelled for a valid reason, the Applicant/Pre-transfer Employee must take another test with a verified negative result.
- 4.3 An Applicant or Pre-transfer Employee with a dilute negative test result will be required to retest.

5.0 PROCEDURES

- 5.1 Provide each selected Applicant or Pre-transfer Employee with the *Notice to Applicant* form. See Attachment A(1).
- 5.2 Provide each selected Applicant or Pre-transfer Employee with the *Authorization for Release of Information from Previous Employer* form. See Attachment A(2).
- 5.3 Notify each Applicant or Pre-transfer Employee who has been tentatively selected for employment of the place to report for specimen collection on the *Order for Testing* form. See Attachment B(1).
- 5.4 Provide the Applicant or Pre-transfer Employee with the *Instructions for Collection of Specimen for Drug Testing* form. See Attachment B(2).

- 5.5 Notify the Applicant or Pre-transfer Employee that test results should be received within 5 days after specimen is collected, and then advise him/her of test results upon receipt.
- 5.6 If hired, the Employee will certify receipt of this policy by completing the *Certificate of Receipt, Substance Abuse Test Policy and Procedures* form. See Attachment E.

RANDOM TESTING

1.0 PURPOSE

- 1.1 To establish a standard procedure and practice for randomly selecting Safety Sensitive Employees for drug and/or alcohol testing.

2.0 SCOPE/APPLICABILITY

- 2.1 Employees who perform safety sensitive functions are subject to drug and/or alcohol testing on an unannounced and random basis. Employees chosen for random testing will be placed back in the selection pool and could be subject to further random testing.
- 2.2 The Consortium will annually conduct a total number of tests established by Federal regulations.

3.0 SELECTION METHODOLOGY

- 3.1 The selection process will utilize a random number generator system, (computer), of single pool/individual selection.
- 3.2 The computer containing the software for the random number generator will be located at the administrative offices of the Board of County Commissioners.

4.0 RESPONSIBILITY

- 4.1 The DER or alternate is responsible for supporting the random selection process for Employees by ensuring that changes of DER information, addition of new Employees, and removal of terminated Employees are provided to the Random Testing Administrator in writing by Employee name and number assigned.

The DER or alternate is responsible for advising the Random Testing Administrator of any positive tests.

5.0 BACKGROUND

- 5.1 To ensure confidentiality, the Employee names are released only to the DER, Random Testing Administrator, and Test Site. The name and identification number assigned to an Employee by the DER is used in the system.
- 5.2 Frequency of testing is in accordance with federal guidelines. The random number generator system selects the identification number of the Employee to be tested. The DER is notified and is responsible for completing the random testing process.

- 5.3 If the Employee is on duty and in readiness for work, testing is to be completed on the date and at the time and location as notified.
- 5.4 The Random Control List will be maintained by the Random Testing Administrator. The DER's are responsible for notifying when Safety Sensitive Employees are hired, terminated, or is on leave and removed from the pool.
- 5.5 The DER is responsible for the confidentiality and security of the names on the random control list and related records.
- 5.6 Tests are completed within quarterly test periods (see page 5*), on days distributed throughout the year, at the current annual testing rate and at varying times during all working hours in a 24 hour day to avoid predictability.

6.0 PROCEDURES

- 6.1 Employees selected for testing will be notified by the DER in the form of a letter, *Order for Testing*, after the Employee has reported for work on the day of random testing. See Attachment B(1).
- 6.2 A form letter will be issued to the selected Employee providing them with *Instructions for Specimen Collection* and notifying them of the time and location for collection. See Attachments B(2) and B(3). This letter will be placed inside a regular envelope with the *Order for Testing*.
- 6.3 The Employee must present the *Order for Testing* during check-in at the collection site.
- 6.4 The immediate supervisor will make arrangements to relieve selected Employee for testing.
- 6.5 A verified positive test, or a verified adulterated or substituted drug test, shall result in the Employee immediately being placed on a paid or unpaid administrative leave pending an investigation, which may result in disciplinary action taken against the Employee up to and including dismissal. (*The decision to place the Employee on paid or unpaid administrative leave is the responsibility of the Appointing Authority/Political Subdivision. Legal Counsel should be consulted to determine what is appropriate within its authority.*)

7.0 DOCUMENTATION

- 7.1 Record retention shall be in accordance with FMCSA/FTA and State of Ohio guidelines.

POST-ACCIDENT TESTING

1.0 PURPOSE

- 1.1 To establish a standard procedure and practice for post-accident drug and alcohol testing.

2.0 SCOPE/APPLICABILITY

- 2.1 All Safety Sensitive Employees may be subject to drug and alcohol testing in the event of an accident.

3.0 RESPONSIBILITY

- 3.1 All Safety Sensitive Employees shall follow the instructions of the Substance Abuse Policy.
- 3.2 The DER and/or trained supervisor will make an on-the-scene determination regarding the decision whether or not post-accident drug and alcohol testing is required and documents it.

4.0 REQUIREMENTS

- 4.1 The supervisor will make the determination using the best information available at the time of the decision. As soon as practicable following an accident, as defined in this policy, the Supervisor investigating the accident will notify the Employee(s) of the need for drug and alcohol testing.
- 4.2 An Employee who is subject to post-accident testing shall remain available for such testing. Failure to do so shall be deemed a refusal to submit to testing.
- 4.3 Medical attention will not be delayed for an injury following an accident. An Employee will not be prohibited from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.
- 4.4 The alcohol test must be completed first and is to occur at an approved HHS facility within two (2) hours, but not to exceed eight (8) hours. The drug test must be completed within thirty-two (32) hours for drugs, after the accident. If attempts to conduct the tests must cease, the reasons for failure must be documented.
- 4.5 In the event that the Employee is unable to complete drug and alcohol testing, the Employer may use drug and alcohol post-accident test results administered by local law enforcement officials. The results must be obtained in conformance with local law.

5.0 PROCEDURES

- 5.1 The DER and/or trained supervisor shall report to the scene of the accident to investigate and determine if post-accident drug and alcohol testing is required per FTA/FMCSA guidelines as defined in this policy.
- 5.2 Treat injuries. All involved persons should be carefully examined to determine if medical attention is needed. When in doubt, insist on a medical examination. Shock and trauma may prevent accident victims from truly knowing the extent of their injuries.
- 5.3 Complete a thorough accident investigation using the *Accident Report* form. Verify any injuries or property damage that would require post-accident testing. Note any

mechanical failures involving the vehicle since these may require other Employee(s) to be tested.

- 5.4 Cooperate with law enforcement and emergency medical personnel. Action by police and emergency personnel take precedence over employer needs. Submit a request for post-accident drug and alcohol testing as soon as reasonably allowed.
- 5.5 Notify the Employee of the need for post-accident drug and alcohol testing. Explain that the Employee is required to participate in post-accident testing. This should be done discretely and no accusation of use of prohibited substances should be made. If available, an *Order for Testing* form, see Attachment B(1), and *Instructions to the Employee for Collection* forms should be provided, see Attachments B(2) and B(3). In the event that the accident is after normal working hours, the investigating Supervisor should escort the Employee to the test facility.
- 5.6 Notify the Employee that refusal to test, as defined in this policy, may result in disciplinary action up to and including dismissal.
- 5.7 Employee shall be transported to and from an approved HHS facility for testing by an authorized representative, unless transported by ambulance.
- 5.8 Assure that appropriate test specimens (drug/alcohol) are requested. Advise the collection site of the test(s) to be completed for post-accident testing.
- 5.9 Notify the Employee that he/she has been removed from their safety sensitive position. Employee may be assigned non-safety sensitive duties or may be placed on paid or unpaid administrative leave. *(The decision to place the Employee on paid or unpaid administrative leave is the responsibility of the Appointing Authority/Political Subdivision. Legal Counsel should be consulted to determine what is appropriate within its authority.)*
- 5.10 A verified positive test, or a verified adulterated or substituted drug test, shall result in the Employee's continuation on administrative leave (paid or unpaid) pending an investigation, which may result in disciplinary action taken against the Employee up to and including dismissal. *(The decision to place the Employee on paid or unpaid administrative leave is the responsibility of the Appointing Authority/Political Subdivision. Legal Counsel should be consulted to determine what is appropriate within its authority.)*
- 5.11 Retain copies of all paperwork relating to the post-accident testing, including test results, in accordance with FMCSA/FTA and State of Ohio guidelines.

RETURN-TO-DUTY AND FOLLOW-UP TESTING

1.0 PURPOSE

- 1.1 To establish a standard procedure and practice for return-to-duty and follow-up testing.

2.0 SCOPE/APPLICABILITY

- 2.1 Any Safety Sensitive Employee who has failed a drug and/or alcohol test, or refused a test, is subject to return-to-duty testing.

3.0 RESPONSIBILITY

- 3.1 All drug and alcohol testing shall be under the direction of the appropriate DER.

4.0 REQUIREMENTS

- 4.1 Any Employee who has failed a drug and/or alcohol test or refused a test shall be removed from duty and will be provided with a list of SAPs. If not terminated, the Employee will not be allowed to return to safety-sensitive job functions without the approval of the SAP and the Employer, and without the execution of a *Follow-up Testing Agreement* See Attachment A.
- 4.2 The Employee is subject to unannounced follow-up testing for a minimum of 12 months but not more than 60 months. A minimum of six tests is required within the first 12 months.

5.0 PROCEDURES

- 5.1 Upon receipt of the written report from the qualified SAP showing successful completion of the recommendations, the Employer shall schedule a return-to duty test at the Employees expense. Upon a confirmed negative test, the Employer shall decide whether to return the Employee to safety sensitive duties.
- 5.2 The DER shall review the SAP's recommended schedule for periodic follow-up testing with the SAP before the Employee is returned-to-duty.
- 5.3 The Employee shall be notified by the DER by letter of the date, time and location to report for the next drug and/or alcohol test, and shall be provided with a copy of the *Instructions for Collection of Specimen* form. See Attachment B(2) and B(3).
- 5.4 If a return-to-duty or a follow-up test is positive, the Employee shall not be permitted to return to a safety sensitive position pending an investigation and review of the test results by the MRO, and may result in disciplinary action being taken against the Employee, up to and including dismissal.
- 5.5 Direct observation collection procedures are mandatory for all return-to-duty and follow-up drug testing.
- 5.6 If a return-to-duty or a follow-up test is cancelled, the Employee shall not be permitted to return to a safety sensitive position until another test with a negative result is verified.
- 5.7 Refusal to test as defined in this policy may result in disciplinary action being taken against the Employee up to and including dismissal.

- 5.8 The DER shall retain the SAPs report and all associated paperwork, including test results in accordance with FMCSA/FTA and State of Ohio guidelines.

REASONABLE SUSPICION TESTING

1.0 PURPOSE

- 1.1 To provide specific procedures to follow when there is reasonable suspicion that an Employee may be impaired by or under the influence of alcohol or a controlled substance.

2.0 SCOPE/APPLICABILITY

- 2.1 All Safety Sensitive Employees, when on Employer's premises or when performing Employer-related work on and/or off-site.

3.0 RESPONSIBILITY

- 3.1 Supervisors who have been trained in the detection of drug or alcohol use will record their observations on the *Reasonable Suspicion Observation Checklist*; see Attachment D(1), to be completed prior to a referral for testing. The *Reasonable Suspicion Incident Checklist*, see Attachment D(2), must be completed when the Employee is referred for testing following a reasonable suspicion determination.

4.0 REQUIREMENTS

- 4.1 The DER may require any Employee to submit to a drug and/or alcohol test on a reasonable suspicion basis when a trained supervisor can articulate and substantiate specific behavioral job performance or contemporaneous physical indicators of probable drug or alcohol use.

5.0 PROCEDURES

- 5.1 Interview the Employee. Discretely remove the Employee from the workplace and conduct an interview in a private setting.
- 5.2 Observe and note all relevant behaviors, facts, signs, and symptoms or patterns of behavior that caused the reasonable suspicion of prohibited substance use.
- 5.3 Complete the *Reasonable Suspicion Incident Checklist*; see Attachment D(2). Use the checklist provided to record your conclusions. Talk with the Employee. Do not accuse, but describe the observed behavior or facts of the incident and ask the Employee to explain his/her actions. Note speech quality, mental clarity, and facial signs and symptoms. Also, note any Employee explanation for unusual behavior such as medication reaction, illness, personal stress, etc.
- 5.4 Whenever possible, have a second trained supervisor participate in the interview and complete the *Reasonable Suspicion Incident Checklist*. The second supervisor should physically verify what has been observed. He or she should also verify the

appropriateness of the actions taken by the principal supervisor who is making the referral for testing following a reasonable suspicion determination.

- 5.5 Notify the Employee that refusal to test, as defined in this policy, may result in disciplinary action being taken against the Employee, up to and including dismissal.
- 5.6 Provide the Employee with a copy of the *Instructions for Specimen Collection* form.
- 5.7 Transport the Employee immediately to the collection site. The Employee shall be transported to and from an HHS approved facility by his/her immediate supervisor or designee.
- 5.8 Advise the collection site of the test(s) to be completed for Reasonable Suspicion testing.
- 5.9 Notify the Employee that he/she has been removed from their safety sensitive position. Employee shall be placed on administrative leave (paid or unpaid). *(The decision to place the Employee on paid or unpaid administrative leave is the responsibility of the Appointing Authority/Political Subdivision. Legal Counsel should be consulted to determine what is appropriate within its authority.)*
- 5.10 A verified positive drug and/or alcohol (≥ 0.04) test, a verified adulterated, or substituted drug test, shall result in the Employee's continuation on administrative leave (paid or unpaid) pending an investigation, which may result in disciplinary action, up to and including dismissal. *(The decision to place the Employee on paid or unpaid administrative leave is the responsibility of the Appointing Authority/Political Subdivision. Legal Counsel should be consulted to determine what is appropriate within its authority.)*
- 5.11 Complete after-action paperwork. Document all steps on the Reasonable Suspicion Incident Checklist within 24 hours of the observed behavior or before the results of the controlled substance test are released (whichever is earlier).
- 5.12 Retain copies of all paperwork relating to the reasonable suspicion testing, including test results, in accordance with FMCSA/FTA and State of Ohio guidelines.

GEAUGA COUNTY DRUG AND ALCOHOL CONSORTIUM

FOLLOW-UP TESTING AGREEMENT
ATTACHMENT A

I hereby agree that my continued employment is contingent upon successfully meeting the terms and conditions outlined in this agreement.

TESTING REQUIREMENTS

I, _____ hereby agree that I shall be
(Employee name)

Subject to _____ unannounced follow-up tests for the
(Number of Tests)

period of time from _____ to _____
(Month/year) (Month/year)

During this time, I understand that I must pass (test negative) said testing. Failure to report for testing, a refusal to test, or a positive random test, a post-accident test, or scheduled follow-up test will be a violation of this agreement and may result in disciplinary action up to and including dismissal.

Dated this _____ Day of _____, 20_____

Employee Signature

Employer Authorized Representative

Printed Employee Name

Printed Employer Name

* Minimum of six (6) tests during the first twelve (12) month period. Follow-up testing not to exceed 60 months.

This form applies to entities that have a second chance policy

This form may apply to entities that have a zero tolerance policy. Refer to Zero Tolerance section, pages 12 – 13 of this policy for exception.

GEAUGA COUNTY DRUG AND ALCOHOL CONSORTIUM
NOTICE TO APPLICANT
ATTACHMENT A(1)

PART I.

All applicants for a safety sensitive position must pass (test negative) a drug test at a designated collection site to qualify for employment. Drug test analyses will be completed at a laboratory approved by the Department of Health and Human Services (HHS) for the following drugs:

- Marijuana
- Cocaine
- Opiates (including heroin)
- Amphetamines (including ecstasy and methamphetamine)
- Phencyclidine

A positive test or a refusal to test shall result in disqualification for hire and the conditional job offer will be withdrawn.

If you are selected for employment, you may be subject to future urine and/or breath testing, 1) on a random basis, 2) when there is reasonable suspicion to believe you are using prohibited substance(s), 3) following an accident, 4) prior to returning to duty or 5) during follow-up testing if you fail to pass a drug and/or alcohol test or undergo treatment for drug and/or alcohol abuse. If you become an Employee, you will be required to report within five (5) days to the Designated Employer Representative (DER) any conviction for violation of a criminal drug statute.

PART II.

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? ___ Yes ___No

If you answered yes, you must produce documents showing the successful completion of the return-to-duty process or the job offer will be withdrawn.

CERTIFICATION: I have read and understand this notice and agree to all of the provisions thereof. I have received the *Order for Testing*, the *Instructions for Collection of Specimen for Drug Testing*, and the *Permission to Contact Previous Employer*, and will comply.

Position Applied For: _____

Applicant Signature

Date/Time

Witness Signature

Date/Time

FTA POST ACCIDENT TESTING DECISION REPORT

ATTACHMENT A(3)

** A separate sheet must be filled out for each covered employee that contributed to the accident**

System Name _____ Date of Accident _____
Time of Accident _____ Time Employer was notified _____
Location of Accident _____
Safety-Sensitive Employee _____ ID# and Position _____
(Driver, Dispatcher, etc.)

FTA Operators and safety sensitive employees must be drug and alcohol tested whenever they are involved in a fatal accident, or where one or more person is immediately transported to a medical treatment facility, or it is a vehicle-disabling accident unless the operator's or other safety sensitive employee's performance can be completely discounted as a contributing factor.

1. Did the accident involve a revenue service vehicle, whether in our out of revenue service? _____ If yes, continue to 2. If no, no test required; document.
2. Did the accident involve the operation of a revenue service vehicle? ____ If no, no test required; document. If yes, continue to 3.
3. Was there loss of life/fatality as a result of the accident? ____ If no, continue to 4. If yes, continue to 6 and 7.
4. Did an individual suffer a bodily injury and immediately transported to a medical treatment facility or receive medical treatment away from the scene? _____ If no, continue to 5. If yes, continue to 6 and 7.
5. Was there disabling damage to any of the involved vehicles? _____ If no, continue to 8. If yes, continue to 6 and 7.
6. Can the operator be completely discounted as contributing factor? _____ If no, test ASAP. If yes, no test required; document.
7. Could any other safety sensitive employee(s) have contributed to the accident? _____ If yes, test other employee(s) ASAP. If no, no test required; document.
8. Did you perform a drug and/or alcohol test? _____ Under FTA authority? _____
Company authority? _____
If not, why not? _____
If not, why not? _____
10. If no alcohol test occurred, and more than 8 hours elapsed from the time of the accident, please explain _____
11. Was a drug test performed within 32 hours? _____
If not, why? _____
12. Did the employee leave the scene of the accident without a reasonable explanation? ____
If yes, please explain _____

Test Determination

Name of supervisor making determination _____
Time employee was informed of determination _____
Signature and Title _____ Date _____

For your files: attach test results summary, order to test, custody and control form (USDOT) and alcohol testing form (USDOT). Attach supporting documentation covering any descriptions/documentation of disabling damage, medical treatment away from the scene, and/or fatalities (e.g. accident investigation form, etc.)

GEAUGA COUNTY DRUG AND ALCOHOL CONSORTIUM

INSTRUCTIONS FOR COLLECTION OF SPECIMEN FOR DRUG TESTING

ATTACHMENT B (2)

To ensure that an unalterable urine specimen is obtained and correctly identified, the following steps shall be taken by the Employee:

1. Report to the specimen collection site as soon as possible but not later than 60 minutes after notification to report. Present the *Order for Testing* to the Collector at the collection site. Refusal to test is a positive test and may result in disciplinary action up to and including dismissal.
2. Provide the collector with an official picture identification card (i.e., driver's license).
3. Check your belongings with the collector including purses, briefcases, and bulky outerwear (sweaters, jackets, vests, hats, etc.). Remove the contents of your pockets.
4. Rinse your hands with clear water and dry.
5. Go to the privacy enclosure and provide a specimen in the collection container provided. If an insufficient amount is provided, you will be required to stay at the collection site until the required amount is provided. You will not be observed while providing a specimen.
6. Do not attempt to tamper with the specimen or make substitutions. The specimen will be visually inspected for unusual color and sediment. The temperature of the specimen will be measured and must fall within acceptable range. If the collector suspects tampering, you will be required to provide a second sample under direct observation of a same gender monitor or medical professional. Tampering with a specimen will result in discipline up to and including discharge from employment.
7. A negative dilute specimen shall result in a 2nd collection.
8. Give the specimen to the collector and observe the sealing and labeling of the container(s).
9. Complete the appropriate parts of the "Chain of Custody" form.
10. Sign the medical consent form authorizing the laboratory to examine the urine and release the information to the Medical Review Officer (MRO).
11. Test results are normally received within 5 days after specimen collection. You will be notified of the test results as soon as possible after receipt.

GEAUGA COUNTY DRUG AND ALCOHOL CONSORTIUM

INSTRUCTIONS FOR COLLECTION OF BREATH SPECIMEN FOR ALCOHOL TESTING

ATTACHMENT B (3)

To ensure that an unalterable breath sample is obtained and correctly identified, the following steps shall be taken by the Employee:

1. Report to the specimen collection site as soon as possible but not later than 60 minutes after notification to report. Present the *Order for Testing* to the collector at the collection site. Refusal to test is a positive test and may result in disciplinary action up to and including dismissal.
2. Provide the collector with an official picture identification card (i.e., driver's license).
3. Follow the instructions provided by the collector, including the completion of the alcohol testing form that must be dated and signed.
4. Testing will be performed using an evidential breath testing device or saliva screening device.
5. You will immediately be shown the results. If the result is negative, it will be reported as such and the employee will be released. A result of less than 0.02 is deemed negative. If the test is positive, a confirmation test will be performed after 15 minutes. Await further instructions if confirmation test registers 0.02 or higher.
6. Do not eat, drink, or put any object or substance in your mouth 15 minutes before your scheduled test.

LOCATION OF COLLECTION SITES
TESTING FACILITY B(4)

UH CORPORATE HEALTH

Primary Location: 13207 Ravenna Rd, Room 1206
Chardon, OH 44024
Phone: 440-285-6185
Hours: Mon – Fri 9 am – 4 pm

**For after hours, report to UHHS emergency room,
13207 Ravenna Road, Chardon, Ohio 44024**

LAKE HEALTH OCCUPATIONAL HEALTH

Primary Location: Chardon Medical Campus
510 Fifth Ave., Chardon, OH 44024
Phone: (440) 279-1525
Fax: (440) 279-1527
Hours: Mon – Fri 8 am – 10 pm
Sat & Sun 9 am – 5 pm
Contact person: Shannon Kidd, MA or Kim Poff, Coordinator

**For after hours, call 855-lake-occ (855-525-3622)
Before proceeding to Tri-Point**

Location: Lake Health @ TriPoint Medical Center
7590 Auburn Road, Concord, Ohio 44077
Phone: 440-375-8100

Alternate Lake Health Locations:

Tyler Urgent Care
7956 Tyler Blvd.
Mentor, Ohio 44060
Phone: 440-255-6400
Fax: 440-255-3637
Hours: Monday-Friday 8 am – 10 pm
Saturday/Sunday 9 am – 5 pm

Willowick Campus
29804 Lakeshore Blvd.
Willowick, Ohio 44095
Phone: 440-585-3322
Fax: 440-585-1962
Hours: Monday-Friday 8 am – 10 pm
Saturday/Sunday 9 am – 5 pm

Madison Campus
6270 North Ridge Road
Madison, Ohio 44057
Phone: 440-428-8256
Fax: 440-428-8220
Hours: Monday-Friday 8 am – 4 pm
drugs only

Madison Campus – Emergency Room
for injuries and drug/alcohol testing 24/7
6270 North Ridge Road
Madison, Ohio 44057
Phone: 440-428-0280
Hours: 24 hours/7 days a week

GEAUGA COUNTY DRUG AND ALCOHOL CONSORTIUM

ATTACHMENT C

LIST OF SAFETY SENSITIVE POSITIONS

GEAUGA COUNTY DRUG AND ALCOHOL CONSORTIUM

CONFIDENTIAL
REASONABLE SUSPICION OBSERVATION CHECKLIST

ATTACHMENT D(1)

Employee Name

Period of Evaluation

Location

Supervisor #1, Name and Telephone Number

Supervisor #2, Name and Telephone Number

This three-page checklist is intended to assist a supervisor in evaluating a person's performance over time. This information may be used to support a reasonable suspicion drug test. Has the employee manifested any of the following behaviors? Indicate (D) if documentation exists. Note: If reasonable suspicion exists because of a specific incident, complete the *Reasonable Suspicion Incident Checklist*. See Attachment D(2).

A. QUALITY AND QUANTITY OF WORK

YES

NO

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Clear refusal to do assigned tasks |
| _____ | _____ | 2. Significant increase in errors |
| _____ | _____ | 3. Repeated errors in spite of increased guidance |
| _____ | _____ | 4. Reduced quantity of work |
| _____ | _____ | 5. Inconsistent, "up and down" quality of work |
| _____ | _____ | 6. Behavior that disrupts work flow |
| _____ | _____ | 7. Procrastination on significant decisions or tasks |
| _____ | _____ | 8. More than usual supervision necessary |
| _____ | _____ | 9. Frequent, unsupported explanations for poor work |
| _____ | _____ | 10. Noticeable change in written or verbal communication |
| _____ | _____ | 11. Other (please specify)_____ |

CONFIDENTIAL
REASONABLE SUSPICION EMPLOYEE OBSERVATION CHECKLIST

B. INTERPERSONAL WORK RELATIONSHIP

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

C. GENERAL JOB PERFORMANCE

YES	NO	
_____	_____	1. Excessive unauthorized absences. Number in 12 months _____
_____	_____	2. Excessive authorized absences. Number in 12 months _____
_____	_____	3. Excessive use of sick leave in last 12 months
_____	_____	4. Frequent Monday/Friday absence or other pattern
_____	_____	5. Frequent unexplained disappearances
_____	_____	6. Excessive "extensions" of breaks or lunch
_____	_____	7. Frequently leaves work early. Number of days per week _____
_____	_____	8. Increased concern about, or actual incident of safety offenses involving employee
_____	_____	9. Experiences or causes job accidents, vehicle incidents
_____	_____	10. Major change in duties or responsibilities
_____	_____	11. Interferes with or ignores established procedures
_____	_____	12. Inability to follow through on job performance recommendations

CONFIDENTIAL
REASONABLE SUSPICION OBSERVATION CHECKLIST

D. PERSONAL MATTERS

YES	NO	
_____	_____	1. Changes in or unusual personal appearance (dress/hygiene)
_____	_____	2. Changes in or unusual speech (incoherent, stuttering, loud)
_____	_____	3. Changes in or unusual physical mannerisms (gestures/posture)
_____	_____	4. Changes in or unusual facial expressions
_____	_____	5. Changes in or unusual level of activity, much reduced or increased
_____	_____	6. Changes in or unusual topics of conversation
_____	_____	7. Engages in detailed discussions about death, suicide, or harming someone/oneself
_____	_____	8. Increasingly irritable or tearful
_____	_____	9. Persistently boisterous or rambunctious
_____	_____	10. Unpredictable or out-of-context displays of emotions
_____	_____	11. Unusual fears
_____	_____	12. Lacks appropriate caution
_____	_____	13. Engages in detailed discussion about obtaining or using drugs/alcohol
_____	_____	14. Has personal relationship problems
_____	_____	15. Makes unfounded accusations toward others, (i.e., has feeling of persecution)
_____	_____	16. Secretive or furtive
_____	_____	17. Memory problems (difficulty recalling instructions)
_____	_____	18. Frequent colds, flu, or other illness
_____	_____	19. Comes to work with alcohol breath
_____	_____	20. Excessive fatigue
_____	_____	21. Makes unreliable or false statements
_____	_____	22. Unrealistic self-appraisal statements
_____	_____	23. Temper tantrums or angry outbursts
_____	_____	24. Demanding, rigid, inflexible
_____	_____	25. Major changes in physical health
_____	_____	26. Concerns about sexual behavior or sexual harassment

Other information/observations (please be specific). Note the date, time, and location of reasonable cause testing or note if employee refused the test. Attach additional sheet(s) as needed.

Signature of Supervisor #1

Date/Time

Signature of Supervisor #2

Date/Time

GEAUGA COUNTY DRUG AND ALCOHOL CONSORTIUM

CONFIDENTIAL
REASONABLE SUSPICION INCIDENT CHECKLIST
ATTACHMENT D(2)

Employee

Date/Time of Incident

Location

Supervisor #1 Name and Telephone Number

Supervisor #2 Name and Telephone Number

This three-page checklist is to be completed when an incident has occurred which provides reasonable suspicion that an Employee is under the influence of a prohibited drug substance or alcohol. You should note all pertinent behavior and physical signs or symptoms, which lead you to reasonable belief that the Employee has recently used or is under the influence of a prohibited substance. Mark each applicable item on this form and add any additional facts or circumstances, which you have noted. Note: If there are long-term behavioral indicators of substance abuse, please complete the *Reasonable Suspicion Observation Checklist*. See Attachment D(1).

A. NATURE OF INCIDENT/CAUSE FOR SUSPICION

- _____ 1. Observed/reported possession of a prohibited substance (including passenger complaints)
- _____ 2. Apparent drug or alcohol intoxication (explain in Section D Written Summary)
- _____ 3. Observed abnormal or erratic behavior
- _____ 4. Arrest or conviction for drug related offense
- _____ 5. Evidence of tampering on a previous test
- _____ 6. Other (e.g., flagrant violation of safety or serious misconduct; accidents or “near miss”; fights or argumentative/abusive language; refusal of supervisor’s instructions; unauthorized absence on the job). Please specify.

CONFIDENTIAL
REASONABLE SUSPICION INCIDENT CHECKLIST

B. BEHAVIORAL INDICATORS NOTED

- _____ 1. Verbal abusiveness
- _____ 2. Physical abusiveness
- _____ 3. Extreme aggressiveness or agitation
- _____ 4. Withdrawal, depression, tearfulness, or unresponsiveness
- _____ 5. Inappropriate verbal response to questioning or instructions
- _____ 6. Other erratic or inappropriate behavior (e.g., hallucinations, disoriented, excessive euphoria, talkativeness, confused). Please specify:

C. PHYSICAL SIGNS OR SYMPTOMS

- _____ 1. Possessing, dispensing, or using prohibited substance
- _____ 2. Slurred or incoherent speech
- _____ 3. Unsteady gait, or other loss of physical control, poor coordination
- _____ 4. Dilated or constricted pupils or unusual eye movement
- _____ 5. Bloodshot or watery eyes
- _____ 6. Extreme fatigue or sleeping on the job
- _____ 7. Excessive sweating or clamminess of the skin
- _____ 8. Flushed or very pale face
- _____ 9. Highly excited or nervous
- _____ 10. Nausea or vomiting
- _____ 11. Odor of alcohol
- _____ 12. Odor of marijuana
- _____ 13. Disheveled appearance
- _____ 14. Dry mouth (frequent swallowing/lip wetting)
- _____ 15. Dizziness or fainting
- _____ 16. Shaking hands or body tremors/twitching
- _____ 17. Breathing irregularity or difficulty breathing
- _____ 18. Runny nose or sores around nostrils
- _____ 19. Inappropriate wearing of sunglasses
- _____ 20. Puncture marks or "tracks"
- _____ 21. Other (please specify)_____

GEAUGA COUNTY DRUG AND ALCOHOL CONSORTIUM
SYSTEM CONTACTS
ATTACHMENT E

Any questions regarding this policy or any other aspect of the substance abuse policy should be directed to the following individual(s).

Geauga County Consortium Substance Abuse Program Director:

Frank Antenucci
Geauga County Consortium Board Chairman
470 Center Street, Bldg. 5
Chardon, OH 44024
(440) 279-1800

Medical Review Officer – UH Corporate

Steven Dobosiewicz, MD
870 West Main Street
Geneva, OH 44041
440-415-0280

Medical Review Officer - LakeHealth

Mark W. Peterson, MD
Corporate Medical Services
5490 Dayton Blvd
Chattanooga, TN 37415
(800) 501-0129
FAX: (423) 870-6490

*If you have any problems receiving a drug test result, call Shannon or Nina at Phone: (800) 501-0129, they will be happy to assist you. Please provide them your account # at the time of your call.

Treatment Centers
Substance Abuse Professionals

Name: Ravenwood Mental Health Center
12557 Ravenwood Drive
Chardon, OH 44024
440-285-3568

Name: Lake Geauga Recovery Centers, Inc.
209 Center Street, Unit E
Chardon, Ohio 44024
(440) 285-9119

Name: Catholic Charities
10771 Mayfield Road
Chardon, Ohio 44024
440-285-3537

HHS Certified Laboratory

Name: MedTox Laboratories, Inc.
402 W. County Rd.
St. Paul, MN 55112
(888) 310-2264

Per Medtox Laboratories:

- Negative specimens are disposed 3 days after the first report is sent out.
- Positive specimens are held for one year after the first report goes out, then it is disposed.

Name: Alere Toxicology
1111 Newton Street
Gretna, LA 70053

Requests for re-testing of DOT or non-DOT specimens must be made through the Collection Site.

GEAUGA COUNTY DRUG AND ALCOHOL CONSORTIUM

ALCOHOL FACT SHEET

ATTACHMENT F

Alcohol is a socially acceptable drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

Signs and Symptoms of Use

- Dulled mental processes
- Lack of coordination
- Odor of alcohol on breathe
- Possible constricted pupils
- Sleepy or stuporous condition
- Slowed reaction rate
- Slurred speech

(Note: Except for the odor, these are general signs and symptoms of any depressant substance.)

Health Effects

The chronic consumption of alcohol (average of three servings per day of beer [12 ounces], whiskey [1 ounce], or wine [6 ounce glass]) over time may result in the following health hazards:

- Decreased sexual functioning
- Dependency (up to 10 percent of all people who drink alcohol become physically and/or mentally dependent on alcohol and can be termed “alcoholic”)
- Fatal liver diseases
- Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast, and malignant melanoma
- Kidney disease
- Pancreatitis
- Spontaneous abortion and neonatal mortality
- Ulcers
- Birth defects (up to 54 percent of all birth defects are alcohol related).

- Social Issues
 - Two-thirds of all homicides are committed by people who drink prior to the crime.
 - Two to three percent of the driving population is legally drunk at any one time. This rate is doubled at night and on weekends.
 - Two-thirds of all Americans will be involved in an alcohol-related vehicle accident during their lifetimes.
 - The rate of separation and divorce in families with alcohol dependency problems is 7 times the average.
 - Forty percent of family court cases are alcohol problem related.
 - Alcoholics are 15 times more likely to commit suicide than are other segments of the population.
 - More than 60 percent of burns, 40 percent of falls, 69 percent of boating accidents, and 76 percent of private aircraft accidents are alcohol related.

- The Annual Toll
 - 24,000 people will die on the highway due to the legally impaired driver.
 - 12,000 more will die on the highway due to the alcohol-affected driver.
 - 15,800 will die in non-highway accidents.
 - 30,000 will die due to alcohol-caused liver disease.
 - 10,000 will die due to alcohol-induced brain disease or suicide.
 - Up to another 125,000 will die due to alcohol-related conditions or accidents.

- Workplace Issues
 - It takes one hour for the average person (150 pounds) to process one serving of an alcoholic beverage from the body.
 - Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body.
 - A person who is legally intoxicated is 6 times more likely to have an accident than a sober person.

GEAUGA COUNTY DRUG AND ALCOHOL CONSORTIUM

MINIMUM THRESHOLDS

ATTACHMENT G

	Initial Test Cutoff Levels (ng/ml)
Marijuana metabolites	50
Cocaine metabolites	300
Opiate metabolites`	2,000
Phencyclidine	25
Amphetamines	1,000

	Confirmatory Test Cutoff Levels (ng/ml)
Marijuana metabolites	15
Cocaine metabolites	150
Opiates:	
Morphine	2,000
Codeine	2,000
Phencyclidine	25
Amphetamines	
Amphetamines	500
Methamphetamine	500