



CHIPPEWA VALLEY SCHOOLS

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“Chippewa Valley Schools...preparing students today for the challenges of tomorrow”

Ronald R. Roberts
Superintendent

Acknowledge Receipt of DOT Training Materials

I, _____ certify that I have received a copy of the following training materials in compliance with MCL 382.601 and have read and understood these materials.

- The U.S. Department of Transportation’s “What Employees Need to Know About DOT Drug & Alcohol Testing” booklet.
- The Federal Motor Carrier Safety Administration pamphlet “Be a Driver in the Know...” summarizing the Federal Drug & Alcohol Testing Regulations.
- CVS Board Policies 4122.01-Drug-Free Workplace, 4162-Drug and Alcohol Testing of CDL License Holders, and 4170-Substance Abuse.
- District Safety-Sensitive Position Drug and Alcohol Guidelines.

Print Name

Date

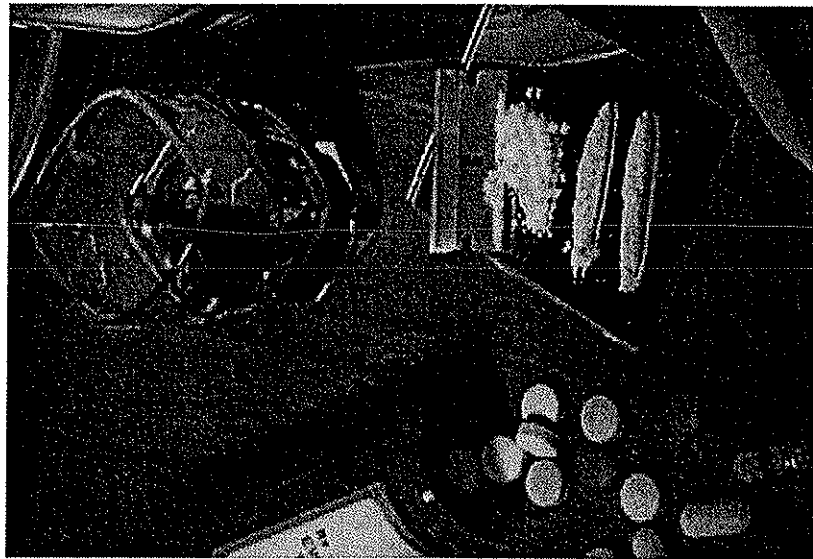
Employee Signature

Controlled Substances

The regulations require 5-panel testing for the following classes of substances:

- X** Marijuana
- X** Cocaine
- X** Opiates — opium and codeine derivatives
- X** Amphetamines and methamphetamines
- X** Phencyclidine — PCP

For more information, visit www.usdoj.gov/dea/concern



Consequences

- A positive test result or a refusal requires the driver to be immediately removed from operating any CMVs on the public roadways. The employer must provide you with a list of acceptable SAPs from which to choose to begin the "return-to-duty" process. This process must be completed before a positive or refusal driver can legally return to driving CMVs for any employer, including himself.

- The impact of testing positive, or refusing to test, for a driver and his family is often devastating. In addition to damaging the driver's reputation, it often results in extended periods of unemployment, due to the "return-to-duty" process and the tendency of employers not to hire drivers with drug or alcohol histories.

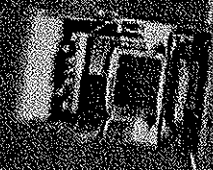
- Even after completing the "return-to-duty" process, and finding employment, the additional return-to-duty and follow-up testing often adds increased stress and financial strain on the driver.

Remember: Never Refuse to Test.

For additional research and reading on the Federal Motor Carrier Safety Administration's Drug and Alcohol Testing Regulations, please visit our web site at:

www.fmcsa.dot.gov

Be a Driver In the Know...



FEDERAL

Drug & Alcohol Testing REGULATIONS



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

The DOT drug and alcohol testing regulations for commercial driver licensed (CDL) employees can be found at 49 CFR Part 382, and 49 CFR Part 40. These regulations can be found at:

www.fmcsa.dot.gov

This brochure summarizes the regulations as they apply to CDL drivers, and is intended to better educate drivers about their rights and obligations as participants in a DOT drug & alcohol testing program.

Who Must Be Tested?

All CDL drivers operating commercial motor vehicles (CMVs) (greater than 26,000 C GVWR, or transporting more than 16 passengers, or placarded hazardous materials) on the public roadways must be DOT drug and alcohol tested. This means any driver required to possess a CDL, including those employed by Federal, State, and local government agencies, owner operators, and equivalently licensed drivers from foreign countries. Part-time drivers must also be included in an employer's drug testing program. Drivers who only operate CMVs on private property not open to the public do not require testing.

Required Tests

CDL drivers are subject to each of the following types of tests:

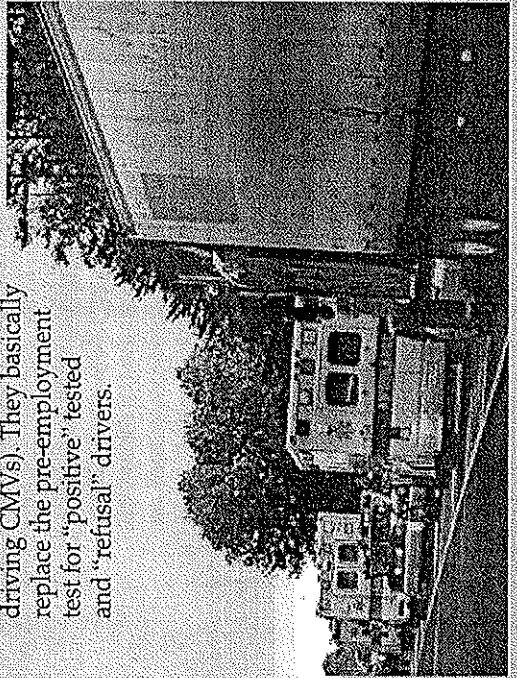
Pre-Employment – A new driver must be drug tested with a negative result before an employer can permit him to operate a CMV on a public road. Alcohol testing is permitted only if it applies to all CDL drivers. If a driver is removed from a random testing pool for more than 30-days, he must again be pre-employment tested.

Post-Accident – CDL drivers must be drug and alcohol tested whenever they are involved in a fatal accident, or receive a traffic citation resulting from an injury or vehicle-disabling accident. The alcohol test must occur within 8 hours, and the drug test must occur within 32 hours.

Random Testing – CDL drivers are subject to unannounced random testing throughout the year. A driver may be directed to take a drug test even when at home in an off-duty status. Random alcohol tests occur while on duty or immediately before or after. Once notified to report for random testing drivers must immediately report to the testing location. Delaying your arrival can be considered a refusal. **Never Refuse to Test.** Driver refusals are equivalent to testing "positive" and are defined in 49 CFR 40.191.

Reasonable Suspicion – DOT-trained supervisors can direct you to be drug or alcohol tested whenever you exhibit signs of drug or alcohol abuse. The decision must be based on observations concerning the appearance, behavior, speech, or body odors of the driver.

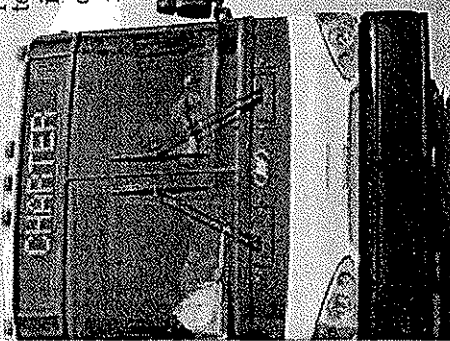
Return-to-Duty – Return-to-duty tests require "direct observation" as prescribed in 49 CFR 40.191(a)(9). They are only required after an employee has completed the "return-to-duty" process, and wants to return to work in a safety sensitive function (i.e., driving CMVs). They basically replace the pre-employment test for "positive" tested and "refusal" drivers.



Follow-Up – Follow-up drug and alcohol tests are required as prescribed by the substance abuse professional (SAP) who signs the return-to-duty report. They consist of a minimum of at least six unannounced directly observed tests conducted during the first 12 months following the return-to-duty test. The SAP can prescribe follow-up testing for a maximum of 5 years for drivers who have tested "positive" or "refused to test." Follow-up testing is in addition to any selections for random testing.

Testing Procedures

- Once notified to report for testing, a CDL driver must report to the collection site immediately. (To familiarize yourself with the collection process and any of the other aspects of the DOT drug and alcohol testing program, please refer to: www.dot.gov/ost/dapc)
- The DOT drug testing program tests for 5-panels of controlled substances covering the following classes – Marijuana, Cocaine, Opiates (Opium and codeine derivatives), Amphetamines and Methamphetamines, and Phencyclidine (PCP).
- Once tested, the laboratory will report the analysis to a medical review officer (MRO). If the analysis indicates a positive result, the MRO will contact the driver to determine whether there are circumstances that would explain the positive result. If there are none, the MRO will report a positive result to the employer.



DRUG AND ALCOHOL GUIDELINES

APPLICABLE TO SAFETY-SENSITIVE POSITIONS



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PREFACE

This document is intended to provide our staff with the basic outline of the procedures we will follow related to the implementation of drug and alcohol testing.

These procedures support the following instituted Board of Education policies. All policies can be found on the district website at www.chippewavalleyschools.org, click on “Our District”, “Board of Education” and then “Policies and Bylaws”.

- 4162 – Drug/Alcohol Testing of CDL License Holders
- 3122.01/4122.01 – Drug Free Workplace
- 3170/4170 – Substance Abuse
- 3170.01/4170.01 – Employee Assistance Program (EAP)
- 8442 – Reporting Accidents

BACKGROUND

I – Designated Authority to Answer Questions

The designees who have authorization to answer any questions related to these guidelines and related policies are below:

Assistant Superintendent of Human Resources	All employees covered by these guidelines
Human Resources Supervisor	All employees covered by these guidelines
Director of Transportation	Transportation Employees (Bus Drivers, Mechanics)
Director of Food Service	Food Handler/Custodian
Maint/Grounds Supervisor	Skilled Trades, Grounds, Maintenance
Custodial Supervisor	Grounds/Custodian

II – Staff Covered by This Guideline

Chippewa Valley Schools has a commitment to maintain a drug and alcohol free workplace in order to provide the highest quality of education and safe environment for staff and students.

Therefore, these procedures require drug and alcohol testing of employees who perform safety-sensitive functions as defined pursuant to Board Policy 4162.

The following positions perform safety-sensitive functions regularly:

Bus Driver(CDL License)	Relief Driver (CDL License)	Food Handler/Custodian	Mechanic
Skilled Trades	Grounds (CDL License)	Maintenance	Grounds/Custodian

As a result, staff within the above classifications, and all other staff performing safety-sensitive functions are employed in “safety-sensitive positions.” All staff employed in safety-sensitive positions will be required to submit to the District’s random drug testing program as explained in detail below. Staff that may perform safety-sensitive functions, as outlined in Board Policy 4162 including any position that requires the operation of a vehicle that requires a valid driver’s license, regularly for a period of time during the year will submit to testing prior to performing the safety-sensitive functions and be subject to these guidelines for that time period.

PROHIBITIONS

I – Alcohol Use/Possession

Under the law and the policy of the District, individuals who hold a safety-sensitive position may not:

1. Report for duty or remain on duty requiring the performance of safety-sensitive functions while having a breath alcohol concentration of .02 or greater.
2. Consume alcohol while on duty.
3. Possess alcohol while at work and/or performing functions of position.

4. Perform safety-sensitive functions within four (4) hours after using alcohol;
5. Use alcohol for eight (8) hours after an accident for which the employee must be tested, or until he/she undergoes such testing, whichever occurs first;
6. Refuse to submit to an alcohol test.
7. Interfere with any testing procedure or tamper with any test sample.
8. Possess, use, sell or distribute alcohol on district property at any time.

II – Controlled Substance Use

Under the law and the policy of the District, individuals who hold a safety-sensitive position may not:

1. Report for duty or remain on duty requiring the performance of safety-sensitive functions when the employee has used or uses any “controlled substance”, except when in use pursuant to the instructions of a physician who has advised the employee that the substance does not adversely affect the driver’s ability to safely operate a vehicle, operate equipment/machinery, handling of hazardous chemicals, and ability to think clearly.
2. Refuse to submit to a drug test.
3. Interfere with any testing procedure or tamper with any test sample.
4. Report for duty, remain on duty or perform a safety-sensitive function if he/she tests positive for a controlled substance.
5. The Employee shall not possess medication, food, candy, or other alcohol-containing products.
6. Possess, use, sell or distribute controlled substances on district property at any time.

A controlled substance includes any illegal drug and any drug that is being used illegally, such as a prescription drug that was not legally obtained or not used for its intended purposes or in its prescribed quantity. The term does not include any legally-obtained prescription drug used for its intended purpose in its prescribed quantity unless such use would impair the individual’s ability to safely perform safety-sensitive functions. The following are the customary controlled substances tested (9-panel testing); Marijuana (THC), Cocaine, Opiates, Amphetamines, Phencyclidine (PCP), Benzodiazepines, Barbiturates, Quaaludes, and Propoxyphene.

PRESCRIPTION MEDICATION

Employees working in safety-sensitive positions taking a prescribed or over-the-counter narcotic or drug that would adversely affect the employee’s ability to perform safety-sensitive functions must advise the Assistant Superintendent of Human Resources or the Human Resources Supervisor of its use prior to performing any of these duties. An employee using such prescribed or over-the-counter substances may be required to take a temporary leave of absence, temporarily be taken out of the performance of safety-sensitive duties or other appropriate action as determined by the District based upon job relatedness and consistent with business necessity. The employee may be required to submit a medical note from their treating physician that prescribed the medication that the physician will discontinue prescribing the narcotic. The District will require the employee to be subject to random drug testing to ensure that the employee is no longer using the narcotic.

The District reserves the right to have an employee taken out of safety-sensitive duties while a fitness-for-duty evaluation is conducted. In the event the employee is drug tested, the Medical Review Official may be required in accordance with Part 40.327 to disclose to the Designated Employer Representative that the employee is medically unfit under applicable DOT agency regulations, or their condition poses a significant

safety risk as a result of the medication being taken. In accordance with Part 40.151, "Medical Marijuana" may not be accepted as an excuse for a positive drug test.

TYPES OF TESTING

I. Pre-employment testing

Prior to the first time an employee performs a safety-sensitive function, the employee must undergo testing for alcohol and controlled substances. An employer may not allow an employee to perform safety-sensitive functions unless the employee has been given an alcohol test with the result indicating an alcohol concentration level less than .04, and has received a controlled substance test result from the medical review officer indicating a verified negative test result.

An employee found to have an alcohol concentration of .02 or greater but less than .04 is not allowed to perform or continue to perform safety-sensitive functions unless the employee has been given an alcohol test with the result indicating an alcohol concentration level less than .04 and has received a controlled substance test result from the medical review officer indicating a verified negative test result.

The medical review officer is defined as a licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by an employer's 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 or her medical history and any other relevant biomedical information.

II. Post-Accident/Incident Testing

Employers must ensure controlled substance and alcohol testing as soon as practicable following an accident to a surviving employee who either:

1. Was performing safety-sensitive functions with respect to the commercial motor vehicle where the accident involved the loss of a human life; or
2. Who receives a citation under state or local law for a moving traffic violation arising from the accident.

Employees in safety-sensitive positions are subject to post accident testing and are required to remain readily available for such testing at the risk of being deemed by the employer to have refused to submit to testing.

The regulations also impose certain procedural and record keeping requirements for post-accident testing. Specifically, if a post-accident alcohol test is not administered within two (2) hours following the accident, the employer is required to prepare and maintain a record explaining the reasons the test was not promptly administered. If the test is not administered within eight (8) hours following the accident, the employer must again cease its attempts to administer the test and prepare and maintain a record explaining why the test was not performed properly.

With regard to post-accident controlled substance testing, if such a test is not administered within thirty-two (32) hours following the accident, the employer is required to cease its attempts to administer such a test, and must prepare and maintain a record stating the reasons the test was not properly administered.

With regard to post-accident controlled substance testing, if such a test is not administered within thirty-two (32) hours following the accident, the employer is required to cease its attempts to administer such a test, and must prepare and maintain a record stating the reasons the test was not properly administered.

If a federal, state or local official, having independent authority for such a test, conducts his/her own alcohol or controlled substance test arising out of an accident, and the employer obtains the results of those tests, they may be used in lieu of additional post-accident testing. Such tests must conform to any applicable federal, state or local requirements.

III. Random Testing

Employers are required to conduct random drug and alcohol testing under federal regulations for those holding a CDL license. The District will also require this of all individuals who hold a safety-sensitive position as outlined in these guidelines. With regard to controlled substance testing and alcohol, the annual percentage rate for testing shall be in accordance with 49 CFR 382.305. Each year, the federal highway administrator is to publish the minimum annual percentage rate for random alcohol testing. The new minimum annual percentage rate is to be effective starting January 1 of the calendar year following publication. The minimum annual percentage rate for random alcohol testing will depend upon the violation rate in the entire industry.

The employer is required to ensure that random alcohol and controlled substance testing is unannounced and that the dates for administering these tests are spread reasonably throughout the calendar year.

IV. Reasonable Suspicion Testing

The determination of reasonable suspicion must be based on specific, contemporaneous, articulate observations concerning the appearance, behavior, speech or body odors of the employee in a safety-sensitive position. The required observations must be made by a supervisor or District official who is trained to make such observations. The person who makes the reasonable suspicion determination is not allowed to conduct the alcohol test on the employee.

Reasonable suspicion alcohol testing is authorized by the regulations only if the prerequisite observations are made "... during, just preceding, or just after the period of the work day that the driver is required to be in compliance..."

In this regard, if a reasonable suspicion alcohol test is not administered within two (2) hours following the reasonable suspicion determination, the employer must maintain on file a record explaining the reasons the alcohol test was not promptly administered. As with post-accident testing, if a reasonable suspicion alcohol test is not administered within eight (8) hours following the reasonable suspicion determination, the employer must cease its attempts to administer the alcohol test, and create a record explaining the reasons for not administering the test.

This guideline prohibits employees from reporting for duty or remaining on duty requiring the performance of safety-sensitive functions while under the influence of, or impaired by alcohol as shown by the behavioral, speech, and performance indicators of alcohol misuse. In this regard, an employer with reasonable suspicion may not permit a driver to perform or continue to perform safety-sensitive functions until either:

1. An alcohol test is administered and the employee's alcohol concentration measures less than .02; or,
2. Twenty-four (24) hours have elapsed following the determination of reasonable suspicion.

As for reasonable suspicion controlled substance testing, an employer may require an employee to submit to such a test when the employer has reasonable suspicion to believe that the employee has violated the prohibitions discussed above. The determination of reasonable suspicion must be based on "...specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors..." The observations may include indications of the chronic and withdrawal effects of controlled substances."

As with reasonable suspicion alcohol testing, the reasonable suspicion observations for controlled substance testing must be made by a supervisor or District official who was trained in conformance with the regulations to make such observations.

Finally a written record must be made of the observations leading to a controlled substance reasonable suspicion test, and must be signed by the supervisor or District official who made the observations within

twenty-four (24) hours of the observed behavior or before the results of the controlled substances test are released, whichever is earlier.

The regulations require that the person designated to determine whether reasonable suspicion exists receives at least sixty (60) minutes of training on alcohol misuse and at least an additional sixty (60) minutes training on controlled substance use. The training must cover the physical, behavioral, speech and performance indicators of probable alcohol, and misuse and the use of controlled substances.

V. Return-to-Duty Testing

Before an employee in a safety-sensitive position who has violated the prohibitions discussed above may return to duty requiring the performance of safety-sensitive functions, the driver must undergo a return-to-duty alcohol test (in the event his/her violation was related to alcohol) with the result indicating an alcohol concentration of less than .02, or a controlled substance return-to-duty test (if the violation concerned controlled substances), with the result indicating a verified negative result for controlled substances use. An employee returning from leave to a safety-sensitive position may also be required to submit to testing prior to performing any safety-sensitive functions.

An employee returning from a medical leave may be required to undergo a return-to-duty controlled substance and/or alcohol test if deemed necessary by the employer for business necessity purposes.

VI. Follow-up Testing

As will be discussed below, an employee in a safety-sensitive position who violates the prohibitions of these Administrative Guidelines must be evaluated by a substance abuse professional that will determine what assistance, if any, the employee needs in resolving the problems associated with his/her alcohol and/or drug use. If the substance abuse professional determines that an employee is in need of assistance in resolving problems associated with alcohol misuse and/or the use of controlled substances, the employer must ensure that the employee is subjected to unannounced follow-up alcohol and/or controlled substances testing as directed by the substance abuse professional.

The number and frequency of follow-up testing will be as directed by the substance abuse professional, but must consist of at least six (6) tests in the first twelve (12) months following the employee's return to duty. In addition, the substance abuse professional may terminate the requirement for follow-up testing at any time after the first six (6) tests have been administered. Follow-up testing does not limit the District's authority to discipline and discharge any employee for a positive test and does not imply any employee's employment will be continued subject to follow-up testing.

VII. Self-Reporting

An employee who voluntarily discloses to the Human Resources Department a problem with controlled substances or alcohol cannot be disciplined for such disclosure if, and only if, the problem is disclosed before the occurrence of any of the following:

- For reasonable suspicion testing, before the occurrence of an event that gives rise to reasonable suspicion that the employee has violated this rule.
- For pre-appointment testing, follow-up testing, and random selection testing, before the employee is selected to submit to a drug or alcohol test.
- For post-accident testing, before the occurrence of any accident that results in post-accident testing.

Employer action. After receiving notice, the Human Resources Department shall permit the employee an immediate leave of absence to obtain medical treatment or to participate in a rehabilitation program. In addition, the Human Resources Department shall remove the employee from the duties of a safety-sensitive position until the employee submits to and passes a follow-up drug test or alcohol test. The Human Resources Department may require the employee to submit to further follow-up testing as a condition of continuing or returning to work.

Limitation. An employee may take advantage of self-reporting no more often than two times while employed in a safety-sensitive position. An employee making a report is not excused from any subsequent drug test or alcohol test or from otherwise complying in full with this rule. An employee making a report remains subject to all drug and alcohol testing requirements after making a report and may be disciplined as the result of any subsequent drug test or alcohol test, including a follow-up test.

TESTING PROCEDURES

I. Techniques

Substantial regulations have been adopted describing the specific techniques to be used in testing for CDL drivers. The District adopts the CDL driver techniques for all staff subject to Board Policy 4162 and this Administrative Guidance. Substance abuse testing must be performed by laboratories approved by the U.S. Department of Health and Human Services. Alcohol testing may be performed by the employer. The Breath Alcohol Technician ("BAT") must be trained in the proficient operation of evidential breath testing devices ("EBT's"). Only courses which are the equivalent to the DOT's model course may be used to train BAT's, and the course must provide documentation that the BAT has demonstrated competence in the operation of the specific EBT s/he will use.

II. Certification of Individual Performing Test

The regulations also provide that law enforcement officers who have been certified by state or local governments to conduct breath alcohol tests are deemed to be qualified as BAT's. However, in order for a test conducted by such an officer to be acceptable under the DOT's testing requirements, the officer must have been competent to use the particular EBT which was utilized for the test.

III. Evidential Breath Testing Devices (EBT's)

The DOT has issued a list of devices which it deems acceptable. The employer is required to ensure that calibration checks for each such device are conducted, that the devices are properly inspected and maintained, and that the BAT or other individual who performs an external calibration check of an EBT has demonstrated proficiency in conducting such a check for the model of the EBT which is used. In addition, the employer must maintain calibration records, and store its EBT in a secure location.

IV. Location of Breath Alcohol Test

The employer will make every effort to ensure that all such tests are conducted in private and without outside interference or participation. In addition, the regulations prescribe a breath alcohol testing form which must be prepared in conjunction with an alcohol test. If the EBT used does not perform certain record-keeping functions, the employer must maintain a log book for each such EBT. The log book must include columns for each test number, test date, the identity of the BAT, test location, quantified test result and the initials of the employee taking each test.

V. Procedure/Confirmation of Test

The regulations also include the specific procedure for conducting both a screening test and any necessary confirmation tests. In general, if a screening test reveals an alcohol concentration of .02 or greater, a confirmation test must be conducted. The confirmation test must be conducted within twenty (20) minutes of the completion of the screening test during which time the BAT must instruct the employee not to eat, drink, and put an object or substance in his or her mouth, and to the extent possible, not to belch. Procedures are also established concerning an employee's refusal to complete and sign the necessary

breath alcohol testing form, to provide an adequate amount of breath, or otherwise to cooperate with the testing process.

VI. Requirements for Controlled Substance Testing

Employers must utilize the "split sample" method of collection for tested employees. Under this procedure, the donor must urinate into a collection container or a specimen bottle capable of holding at least sixty (60) milliliters and provide at least 45 milliliters of urine. If a collection container is used, the collection site person, in the presence of the donor, must pour the urine into two (2) specimen bottles. Thirty (30) milliliters must be poured into one bottle to be used as the primary specimen, leaving at least fifteen (15) milliliters for the other bottle to be used as a split specimen. Similarly, if a single specimen bottle is used as a collection container, the collection site person must pour thirty (30) milliliters of urine from the specimen bottle into a second specimen bottle, which is used as the primary specimen, while retaining at least fifteen (15) milliliters in the collection bottle to be used as a split specimen. The bottles must then be shipped in a single shipping container, together with chain of custody forms, to the laboratory. The initial test is to be immunoassay screen, such as the commonly used EMIT test. Positive results are to be confirmed by the gas chromatography/MASS Spectrometry Testing Mechanism (GC/MS). If the test result of the primary specimen is confirmed positive, the employee may request that the medical review officer have the split specimen tested by a different certified laboratory for the presence of the specific drug for which a positive result was obtained. Such a request must be made within seventy-two (72) hours of the employee being notified of a verified positive test result. The GC/MS method must also be utilized for this test. The result of the second test is then transmitted to the initial medical review officer. It is important to note that actions against an employee who tests positive which are required by the DOT regulations are not stayed pending the result of the second test.

VII. Laboratory Procedures

The regulations also prescribe the procedures to be followed by the laboratory conducting the analysis, and the means by which the medical review officer maintains records and reports the results of any test.

VIII. Refusal to Submit to Tests

The District will not permit an employee who refuses to submit to these tests to perform, or continue to perform their duties. Refusal to submit to such a test includes any behaviors prohibited pursuant to 40 CFR 191 or 40 CFR 261. Common examples of refusals include:

- a. Failure to appear at any drug or alcohol test;
- b. Failure to provide adequate breath for testing without a valid medical explanation after the employee received notice of the requirement for breath testing;
- c. Failure to provide adequate urine for controlled substances testing without a valid medical explanation after receiving notice of the requirement for urine testing;
- d. Failure to remain at the testing site until testing is complete;
- e. Failure to sign any certification required by regulation;
- f. Adultering or substituting the specimen, or;
- g. Engaging in conduct that clearly obstructs the testing process.

Refusal to submit to these tests shall constitute a positive test subject to appropriate discipline in accordance with this policy.

VIX. Dilution

The District will not permit an employee with a diluted drug or alcohol test to perform, or continue to perform their duties. Employees who hold a CDL license with a diluted negative test may be directed to

take another test immediately by the medical review officer under direct observation. Other safety-sensitive employees will be directed to take another test immediately, but the test will not be collected under direct observation. Employees with a diluted positive test will be subject to discipline for a positive test.

PENALTIES

An employee in a safety-sensitive position who tests positive for alcohol and/or drugs will be removed from duty. The District may impose discipline, up to and including termination, for violation of Board policy and/or these procedures.

An employee serving in a safety-sensitive position shall not serve in the said position until the employee has submitted to and passed a pre-appointment drug and alcohol test. If the employee fails or refuses to submit to the drug/alcohol tests, interferes with the test procedures, or tampers with a test sample, the employee shall not be appointed, promoted, reassigned, recalled, transferred, or otherwise placed in a safety-sensitive position.

In the event of a positive test, and in the further event that a sanction less than discharge is imposed, the employee shall be referred to a Substance Abuse Professional (SAP) and Employee Assistance Program (EAP) for assessment and treatment, if appropriate. The employee may be returned to a safety-sensitive position at the District's discretion, if the employee is cleared by a (SAP), completed any required treatment program and pass a retest.

The following are dischargeable offenses:

- a. Manufacturing, possession, use, distribution, or dispensing of a controlled substance and/or alcohol while on district property, in a district vehicle, during the course of their employment or at any district events/activities.
- b. Testing positive for a controlled substance or alcohol greater than 0.02.
- c. Testing positive for a controlled substance or alcohol greater than 0.02 following an accident that results in a bodily injury.
- d. Refusing to submit to a controlled substance or alcohol test as indicated in these procedures.
- e. Refusal to cooperate with collection site personnel, district personnel, or any refusal to provide a specimen when required.
- f. Circumventing, bypassing, interfering with, or otherwise tampering with any alcohol or drug test, attempting to do so, or assisting another employee in doing so.
- g. Off-duty substance abuse conduct will be evaluated in accordance with Board Policy-3210 – Staff Ethics or in accordance with DOT Drug testing regulations, whichever is applicable.

EMPLOYEE SUPPORT SERVICES

I. Employee Assistance Program (EAP)

An Employee Assistance Program (EAP) is available to all employees through the district's life insurance carrier. Confidential substance abuse counseling and rehabilitation referrals are available to employees through the EAP.

II. Employee Referrals

Any employee having health care benefits which include substance abuse and mental health coverage may seek treatment for substance abuse in an employer approved rehabilitation program.

Notwithstanding the foregoing the employer retains the right to initiate disciplinary proceedings against any employee who manufactures, possesses, uses, distributes, or dispenses a controlled substance and/or alcohol while on district premises or during the course of the work (i.e. in a district vehicle).

Chippewa Valley Schools

Bylaws & Policies

4162 - DRUG AND ALCOHOL TESTING OF CDL LICENSE HOLDERS

The Board of Education believes that the safety of students while being transported to and from school or school activities is of utmost importance and is the primary responsibility of the driver of the school vehicle. To fulfill such a responsibility, each driver, as well as others who perform safety-sensitive functions with District vehicles must be mentally and physically alert at all times while on duty. To that end, the Board has established this policy and others related to employees' health and well-being.

For purposes of this policy and the guidelines associated with the policy, the following definitions shall apply.

- A. The term *illegal drug* means drugs and controlled substances, the possession or use of which is unlawful, pursuant to Federal, State, and local laws and regulations.
- B. The term *controlled substance* includes any illegal drug and any drug that is being used illegally, such as a prescription drug that was not legally obtained or not used for its intended purposes or in its prescribed quantity. The term does not include any legally-obtained prescription drug used for its intended purpose in its prescribed quantity unless such use would impair the individual's ability to safely perform safety-sensitive functions.
- C. The term *controlled substance abuse* includes excessive use of alcohol as well as prescribed drugs not being used for prescribed purposes, in a prescribed manner, or in the prescribed quantity.
- D. The term *safety-sensitive functions* includes all tasks associated with the operation and maintenance of District vehicles.
- E. The term *CDL license holder* means all regular and substitute bus drivers, other staff members who may drive students in District vehicles or inspect, repair, and maintain District vehicles.
- F. The term *while on duty* means all time from the time the CDL license holder begins to work or is required to be in readiness for work until the time s/he is relieved from work and all responsibility for performing work.

The Board expects all CDL license holders to comply with Board Policy 4122.01 on Drug Free Schools which prohibits the possession, use, sale, or distribution of alcohol and any controlled substance on school property at all times. Further, the Board concurs with the Federal requirement that all CDL license holders should be free of any influence of alcohol or controlled substance while on duty.

The Board directs the Superintendent/Designee to establish a drug and alcohol testing program whereby each regular and substitute bus driver, as well as any other staff member who holds a CDL license, is tested for the presence of alcohol in his/her system as well as for the presence of the following controlled substances:

- A. Marijuana
- B. Cocaine

- C. Opiates
- D. Amphetamines
- E. Phencyclidine (PCP)

The drug tests are to be conducted in accordance with Federal and State regulations a.) prior to employment (Controlled Substances Only), b.) for reasonable cause, c.) upon return to duty after any alcohol or drug rehabilitation, d.) after any accident, e.) on a random basis, and f.) on a follow-up basis.

Candidates shall also be tested for the presence of alcohol in their system prior to employment.

Any staff member who tests positive shall be:

- A. prohibited from driving any school vehicle;
- B. subject to discipline, up to and including discharge, in accordance with District guidelines and the terms of any applicable collective bargaining agreements;
- C. referred to the District's Employee Assistance Program.

No staff member who has tested positive for alcohol or a controlled substance may be returned to a safety sensitive position without having been evaluated by a qualified substance abuse professional (SAP), completed any required treatment program, and passed a retest. Return to a safety sensitive position is solely at the District's discretion.

Prior to the beginning of the testing program, the District shall provide a drug-free awareness program which will inform each CDL license holder about:

- A. the dangers of illegal drug use and controlled substance and alcohol abuse;
- B. Board Policy 4122.01-Drug-Free Workplace, Board Policy [4161](#)-Unrequested Leaves of Absence, Board Policy [4170](#)-Substance Abuse, and Board Policy 4170.01-Employee Assistance Program;
- C. the sanctions that may be imposed for violations of Policy 4122.01.

The Superintendent/Designee/Designee shall arrange for the required amount of training for appropriate staff members in drug recognition, in the procedures for testing, and in the proper assistance of staff members who are subject to the effects of substance abuse.

The Superintendent/Designee/Designee shall submit, for Board approval, a contract with a certified laboratory to provide the following services:

- A. testing of all first and second test urine samples
- B. clear and consistent communication with the District's Medical Review Officer (MRO)
- C. methodology and procedures for conducting random tests for controlled substances and alcohol
- D. preparation and submission of all required reports to the District, the MRO, and to Federal and State governments

The Superintendent/Designee/Designee shall also select the agency or persons who will conduct the alcohol breathalyzer tests, the District's MRO, and the drug collection site(s) in accordance with the requirements of the law.

49 C.F.R. 382.101 et. seq.

Revised 3/5/07

Chippewa Valley Schools

Bylaws & Policies

4122.01 - DRUG-FREE WORKPLACE

The Board of Education believes that quality education is not possible in an environment affected by drugs. It will seek, therefore, to establish and maintain an educational setting which meets the requirements in the Drug-Free Workplace Act and the Drug-Free Schools and Communities Act and is not tainted by the use or evidence of use of any controlled substance.

In compliance with the Act, the Board prohibits the manufacture, possession, use, distribution, or dispensing of any controlled substance, including alcohol, by any member of the District's support staff at any time while on District property or while involved in any District-related activity or event. Any staff member who violates this policy shall be subject to disciplinary action in accordance with District guidelines and the terms of collective bargaining agreements.

The Superintendent shall establish whatever programs and procedures are necessary to meet the Federal certification requirements but which also comply or do not interfere with collective bargaining agreements.

The Board shall not permit the manufacture, possession, use, distribution, or dispensing of any controlled substance, alcohol, and any drug paraphernalia, by any member of the District's support staff at any time while on District property or while involved in any District-related activity or event. Any staff member who violates this policy shall be subject to disciplinary action in accordance with District guidelines and the terms of collective bargaining agreements.

The Superintendent may establish guidelines that ensure compliance with this policy and that each staff member is given a copy of the standards regarding unlawful possession, use, or distribution of illicit drugs and alcohol by staff and informed that compliance with this requirement is mandatory. Such guidelines shall provide for appropriate disciplinary actions, if and when needed, which comply with the terms of any negotiated agreement.

P.L. 101-126
Drug-Free Workplace Act of 1988, 41 U.S.C. 701, et seq.
20 U.S.C. 3224A

Chippewa Valley Schools

Bylaws & Policies

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Chippewa Valley Schools Bylaws & Policies

4170 - SUBSTANCE ABUSE

The Board of Education recognizes alcoholism and drug abuse as treatable illnesses. When such illnesses impair the performance of support staff members, the Board recognizes the responsibility to assist in a manner recommended by appropriate specialists in the treatment of those illnesses.

A support staff member having an illness or other problem relating to the use of alcohol or other drugs will receive the same careful consideration and offer of assistance that is presently extended to support staff members having any other illness.

The responsibility to correct unsatisfactory job performance or behavior resulting from a suspected health problem rests with the support staff member. Failure to do so will result in appropriate corrective or disciplinary action as determined by the Board.

If a support staff member voluntarily requests counseling or assistance before the Board learns of the support staff member's substance abuse problem (through a positive test result or otherwise), the support staff member's job security or promotion opportunities will not be jeopardized by his/her request for counseling or referral assistance. A support staff member may not avoid the consequences of a positive test by requesting counseling or assistance for a substance abuse problem after being instructed to submit to a drug test.

Support staff members who suspect they may have an alcohol or other drug abuse problem are encouraged to seek counseling and information on a confidential basis by contacting resources available for such service.

Rehabilitation Act of 1973, 29 U.S.C. 794

Revised 10/6/03

Chippewa Valley Schools Bylaws & Policies

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Chippewa Valley Schools Bylaws & Policies

4170.01 - EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Board of Education believes that early recognition and treatment of illegal drug use, controlled substance abuse, or alcohol abuse is important for successful rehabilitation, return to productive work, and reduced personal, family, and social disruption.

The District encourages the earliest possible diagnosis and treatment for illegal drug use or controlled substance abuse and supports sound treatment efforts. Whenever feasible, the District will assist staff members in overcoming illegal drug use or controlled substance abuse. However, the decision to seek diagnosis and accept treatment for illegal drug use or controlled substance abuse is primarily the individual staff member's responsibility. Any costs associated with treatment in excess of those costs covered by the staff member's medical insurance plan shall be borne by the individual.

Staff members with personal drug or controlled substance abuse problems should request assistance from the Human Resources Department. Assistance will be provided on a confidential basis, and each staff member will be referred to the appropriate treatment and counseling services.

Although the District will assist a staff member to the extent feasible through the Employee Assistance Program, the Board cannot guarantee that the staff member's use of illegal drugs or abuse of alcohol or controlled substances will not impact adversely the staff member's employment status through disciplinary procedures.

Chippewa Valley Schools Bylaws & Policies

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Chippewa Valley Schools Bylaws & Policies

8442 - REPORTING ACCIDENTS

The Board of Education directs that all reasonable efforts be made to ensure a safe learning and working environment for the students and employees of this District. To that end and so that legitimate employee claims for worker's compensation be expedited, the Board requires that accidents be reported and evaluated. Any accident that results in an injury, however slight, to a student, an employee of the Board, or a visitor to the schools must be reported promptly and in writing to the District Business Office. Injured persons shall be referred immediately to the appropriate personnel for such medical attention as may be needed.

The injured employee, visitor, or the staff member responsible for an injured student shall complete a form that includes the date, time, and place of the incident; the names of persons involved; the nature of the injury to the extent that it is known; and a description of all relevant circumstances.

Any employee of the Board who suffers a job-related injury must report the injury and its circumstances to the principal or job supervisor, as appropriate, as soon as possible following the occurrence of the injury. The failure of an employee to comply with this mandate may result in disciplinary action in accordance with standards set forth in a negotiated, collective-bargained agreement.

DRUGS OF ABUSE

MARIJUANA

Marijuana is a central nervous system depressant and hallucinogen that is either smoked or eaten. It is sometimes called pot, dope, grass, weed, or herb and is smoked in cigarettes, called "joints"

Signs of Use

- Rapid loud talking and inappropriate burst of laughter in early stages
- Drowsiness once effects begin to wear off
- Forgetfulness in conversations
- Reduced concentration and coordination
- Blood shot eyes, dilated pupils
- Odor of burnt rope on clothing or breath
- Distorted sense of time passage
- Tendency to operate vehicles below speed limits

Driving experiments show that marijuana affects a wide range of skills needed for safe driving. Thinking and reflexes are slowed, making it hard for drivers to respond to sudden unexpected events. Furthermore, a driver's ability to "track" through curves, brake quickly, maintain proper speed and distance between vehicles, is affected.

In a study reported by the National Highway Traffic Safety Administration, even a moderate dose of marijuana was shown to impair driving performance. The study measured reaction time and how often drivers checked the rear-view mirror, side streets, and the relative speed of other vehicles.

A study by Stanford University and the Moffett Field Naval Air Station revealed that the impairing effects of marijuana may last far longer than commonly believed. In a controlled test of ten experienced private pilots, the results of simulator flights before and after marijuana use were compared.

A full 24 hours after smoking marijuana the pilots reported no feeling of being high, of being less alert, more anxious, or more happy. Though they felt quite normal, their performance in flying was not. The take-offs were not a problem, but landing the plane was.

Landing deviation from the centerline tripled an hour after use and was doubled a day later. Some pilots even missed the runway a day after marijuana use. Another study, funded by NIDA and conducted at McLean Hospital in Belmont Massachusetts, is part of the growing body of research documenting cognitive impairment among heavy marijuana users. The study found that college



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students who used regularly had impaired skills related to attention, memory and leaning 24 hours after they used the drug. More studies have shown that frequent users showed deficits in mathematical skills and verbal expression, as well as selective impairments in memory-retrieval processes. These findings clearly have significant implications for the workplace.

HEALTH RISKS

The mind altering chemical in Marijuana is Tetrahydrocannabinol, or THC. Smoking marijuana leads to changes in the brain similar to those caused by cocaine, heroin and alcohol. All of these drugs disrupt the flow of chemical neurotransmitters, and all have specific receptor sites in the brain that have been linked to feelings of pleasure and, over time addiction. This disruption seems to affect the brain structure associated with emotions, motivation, and the regulation of hormones.

A recently published longitudinal study showed that use of cannabis increased the risk of major depression fourfold, and researches in Sweden found a link between marijuana use and an increased risk of developing schizophrenia.

According to the American Society of Addiction Medicine, addiction and psychiatric disorders often occur together. The latest National Survey on Drug Use and Health reported that adults who use illicit drugs were more than twice as likely to have serious mental illness as adults who did not use an illicit drug.

Other health risks include sore throats and upper respiratory problems such as bronchitis and shortness of breath. Marijuana smoke is also generally thought to be 15 times more harmful to the lungs than cigarette smoke.

It also contains some of the same ingredients as those in tobacco that cause emphysema and cancer. Studies also indicate THC may cause cellular damage that interferes with the body's ability to fight disease, and lowers the body's resistance to infection and foreign agents.

COCAINE

Cocaine is a local or topical anesthetic which stimulates the central nervous system. It is snorted (inhaled through the nose), injected or, in its free-base form, smoked by inhaling its vapors. It is sometimes called coke, toot, and nose candy. In its free-base form it is sometimes called rock, crack, or base. The effects of the drug begin within minutes after entering the system and start with a brief intense euphoric feeling of well being, which peaks within 15 to 20 minutes and is followed by depression.

Signs of Use

- Dilated pupils
- Dry mouth and nose, bad breath
- Frequent lip licking, grinding of teeth
- Nervous, restless activity
- Difficulty sitting still
- Lack of interest in food or sleep
- Irritable, argumentative, nervous
- Inability to sleep
- Dual addiction

HEALTH RISKS

Cocaine over stimulates the circulatory, respiratory, and central nervous systems. Cocaine interferes with the natural chemical in the brain that stimulate and regulate the firing of nerve cells. Muscle spasms in various parts of the body can occur. Over stimulation of the nervous system can cause convulsions which can lead to respiratory collapse and death. Long term crack users also suffered permanent damage to the cortex, the part of the brain that is used to think. Since it cannot be purchased legally, it is also impossible to tell what other drugs may be mixed with the street substance.

OPIATES

Opiates, including morphine, codeine and heroin, are narcotic analgesics which are taken orally, smoked, or injected. These drugs are used medicinally to relieve pain, but also have a high potential for abuse. Opiates tend to relax the user. A user will feel an immediate rush when the opiates are injected, but may soon experience other unpleasant side effects including restlessness, nausea, and vomiting.

SIGNS OF USE

- Mental dullness
- Lethargy and drowsiness
- In an out of being alert or drowsy
- Cold, moist skin or "gooseflesh"
- Slurred speech
- Constricted pupils that do not respond to light
- Wearing of sunglasses
- Nausea



HEALTH RISKS

General effects of narcotic analgesics include: sedation, slowed reflexes, raspy speech, sluggish "rubber-like" movements, slowed breathing, cold skin, and possible vomiting. However, as a user continues to abuse narcotic analgesics he or she will build a tolerance to the drug, therefore causing the effects to diminish. Heroin, a very strong narcotic depressant, completely destroys the users ability to reason. Its synthetic form, known as "designer drug" has been proven to be even more deadly and addictive. If the abuser wishes to maintain the same effect, he or she will have to take steadily larger doses as the tolerance develops. If a user is addicted to opiates he or she will suffer withdrawal symptoms if they don't receive another dose, or "fix", before the drug is completely out of their system. Withdrawal effects can be chills, aches of the muscles and joints, nausea and insomnia. These symptoms normally start 4-6 hours after the last dosage of the drug. The withdrawal signs and symptoms intensify from 14-24 hours following the injection, and may be accompanied by gooseflesh, slight tremors, loss of appetite and dilation of the pupils.

Approximately 24-36 hours since the last "fix", the addict experiences insomnia, vomiting, diarrhea, weakness, depression and hot/cold flashes. Withdrawal signs and symptoms generally reach their peak after 2-3 days. At this point, the addict usually experiences muscular and abdominal cramps, elevated temperature and severe tremors and twitching. This twitching, especially of the legs, is referred to in the expression "kickin' the habit". The addict is very nauseated at this time, may gag and vomit repeatedly, and may lose 10-15 pounds within 24 hours

AMPHETAMINES

These drugs are central nervous system stimulants which may be taken orally or injected. Amphetamines tend to increase alertness and physical activity. Amphetamines are used to counteract drowsiness, whether caused by lack of sleep, sleeping, other depressants, or alcohol.

SIGNS OF USE

- Dilated pupils
- Dry mouth and nose, bad breath
- Frequent lip licking, teeth grinding
- Nervous, restless activity
- Difficulty sitting still
- Lack of interest in food or sleep
- Irritable, argumentative, nervous
- Inability to sleep
- Alertness, wakefulness, mood elevation
- Exhaustion



HEALTH RISKS

Amphetamines are CNS stimulants that throw off the body's rest and repair system. Hyperactivity and mental anxiety are common. Repeated high dosages results in lethargy, exhaustion, mental confusion, and paranoia. Abnormal dyskinetic movements may persist long after chronic stimulant use stops. These can be accompanied by emotionalism which can be manifested in the form of hallucinations and finally, blood pressure and heart problems. Abuse can lead to physical problems such as heart attacks and strokes. The sudden energy these drugs provide lead to a sense of power and a false sense of security.

PHENCYCLIDINE (PCP)

Phencyclidine (PCP), commonly known as "angel dust", is an outlawed animal tranquilizer which may be smoked, snorted, injected, or taken orally. PCP is known for its long-term potential to create psychotic behavior, violent acts, and psychosis. For many users, PCP changes how they see their own bodies and almost everything around them.

SIGNS OF USE

- Unpredictable behavior with mood swings from passiveness to violence for no apparent reason, possibly including self-destructive behavior.
- Symptoms of intoxication
- Disorientation with agitation and violence for no apparent reason, possibly self-destructive
- Fear, terror, rigid muscles, strange gait
- Deadened sensory perception, possibly unaware of severe injuries
- Dilated pupils
- Non- communicative mask-like facial appearance
- Floating pupils
- Hallucination
- Synaesthesia (sees sounds, smells colors)
- Comatose if large amounts consumed

HEALTH RISKS

PCP was first developed as an anesthetic for humans in 1959. Its use was discontinued a few years later due to its extreme side effects which included delirium and confusion. In the early 1960's PCP was brought back to medical use as a veterinary anesthetic under the trade name Sernylan.

Among PCP's least desirable side effects are delirium, visual disturbances and hallucinations and, occasionally, violence. Some evidence of long term memory

disorders and psychological disturbances resembling schizophrenia has also been linked to PCP.

Many PCP users ingest their drugs by smoking. PCP can be applied in either liquid or powder form to a variety of vegetable or leafy substances, such as mint leaves, parsley, oregano, tobacco, or marijuana. When applied to marijuana the street name for this mixture is "Killer Weed" or "Super Weed". The substances then can be smoked in a pipe or cigarette. Because PCP smoke is very hot and can irritate the mouth and tongue, many users prefer to use mint leaves and similar material to cool the smoke. For the same reason PCP smokers who adulterate commercial cigarettes prefer to use mentholated brands.

PCP produces impairments and other observable effects on the human mind and body that are a combination of effects produced by depressants, stimulants, and hallucinogens. Blank stare Disorientation Loss of memory Muscle rigidity Non-communicative Sensory distortions Slow, slurred speech Agitation - Excitement Auditory hallucinations Increased pain threshold Loss of a sense of personal identity A feeling of extreme heat, profuse perspiration Passivity - but many users may abruptly turn violent if confronted with a threatening situation

As with many other drugs, regular users of PCP may have developed a tolerance to the drug that masks some of the observable signs of PCP's effects. When smoked or injected, PCP's effects generally last 4-6 hours, but they can last longer. PCP can also enter the body by absorption through the skin.

One possible result of PCP overdose is bizarre, violent and self-destructive behavior. PCP can also produce extreme physical as well as psychological distress. PCP can cause a deep coma, lasting up to 12 hours, seizures and convulsions, respiratory depression, and possible cardiac problems.

Common Drugs; The Signs and Symptoms



MARIJUANA

(dope, weed, herb, grass, pot, reefer, mary jane)

- * Rapid Loud Talking/ Excessive Laughter/Inappropriate happiness
- * Increase in appetite especially after smoking marijuana
- * Forgetfulness in Conversations (i.e. "What was I saying?")
- * Appearance of intoxication; without the smell of alcohol
- * Sleepiness or stupor in latter stages; pupils unlikely to be dilated
- * Sense of time is distorted
- * Work performance slows (i.e. drive vehicles slowly or below the speed limit)
- * Breath may have odor similar to burnt rope or clothing
- * Presence of roach clips (e.g. paperclips, bobby pins, or tweezers) and water pipes

OPIATES

(horse, smack, junk, H, morpho, dollies, heroin, opium, morphine, codeine)

- * Pinpoint pupils ; which will fail to respond to light
- * Respiratory depression
- * Drowsiness
- * Nausea and vomiting
- * Decreased physical activity
- * Feelings of euphoria /Good Feelings that are short lived
- * Changes in state of mind (i.e. Going from alert to drowsy)
- * Coma or death from result of an overdose

AMPHETAMINES

(speed, meth, hearts, pep pills, beanie, uppers, cartwheels, sky-rockets, peaches)

- * Dilated pupils
- * Dry mouth or lips
- * Excessive sweating and shakiness
- * Lack of sleep; Insomnia
- * Talkativeness, but may change subjects rapidly
- * Unusual energy, accelerated movements or activities



Common Drugs; The Signs and Symptoms

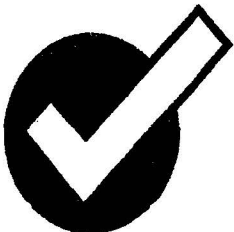


COCAINE (Coke, crack, snow)

- * Dilated pupils
- * Runny nose; Nose may appear reddened and sore; Chronic sinus problems or nosebleeds
- * Respiratory problems
- * Unexplained bursts of energy
- * Restlessness or nervousness
- * Irritability and anxiety
- * Long periods without sleep or eating
- * Traces of white powder around nose or in container
- * Use or possession of paraphernalia including spoons, razor blades, mirrors, and straws

PHENCYCLIDINE (PCP)

- * Pupils may appear dilated
- * Mask-like facial appearance
- * Rigid muscles, strange gait
- * Irrational speech or behavior
- * Symptoms of intoxication
- * Hallucinations which could lead to violent or frightened reactions
- * Individual may experience flashbacks
- * Exaggerated physical/mental reactions to situations
- * Disorientation especially if subjected to excessive sensory stimulation
- * Sensory perception is non-existent; may sustain severe injuries without noticing



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Some Commonly Prescribed Medications:

Use and Consequences

<p>Opioids</p> <ul style="list-style-type: none"> • Oxycodone (Oxycontin, Percodan, Percocet) • Propoxyphene (Darvon) • Hydrocodone (Vicodin, Lortab, Lorcet) • Hydromorphone (Dilaudid) • Meperidine (Demerol) • Diphenoxylate (Lomotil) • Morphine (Kadian, Avinza, MS Contin) • Codeine • Fentanyl (Duragesic) • Methadone
<p>Generally Prescribed For:</p> <ul style="list-style-type: none"> • Postsurgical pain relief • Management of acute or chronic pain • Relief of cough and diarrhea
<p>In The Body: Opioids attach to opioid receptors in the brain and spinal cord, blocking the perception of pain.</p>
<p>Effects of Short-term Use:</p> <ul style="list-style-type: none"> • Alleviates Pain • Drowsiness • Constipation • Depressed respiration (depending on dose)
<p>Effects of Long-term Use:</p> <ul style="list-style-type: none"> • Potential for physical dependence and addiction
<p>Possible Negative Effects:</p> <ul style="list-style-type: none"> • Severe respiratory depression or death following a large single dose
<p>Should Not Be Used With Other Substances that Cause CNS Depression, Including:</p> <ul style="list-style-type: none"> • Alcohol • Antihistamines • Barbiturates • Benzodiazepines • General anesthetics

<p>CNS Depressants</p> <p>Barbiturates</p> <ul style="list-style-type: none"> • Mephobarbital (Mebaral) • Pentobarbital sodium (Nembutal) <p>Benzodiazepines</p> <ul style="list-style-type: none"> • Diazepam (Valium) • Chlordiazepoxide hydrochloride (Librium) • Alprazolam (Xanax) • Triazolam (Halcion) • Estazolam (ProSom) • Clonazepam (Klonopin) • Lorazepam (Ativan)
<p>Generally Prescribed For:</p> <ul style="list-style-type: none"> • Anxiety • Tension • Panic Attacks • Acute Stress reactions • Sleep disorders • Anesthesia (at high doses)
<p>In The Body: CNS depressants slow brain activity through actions on the GABA system, producing a calming effect.</p>
<p>Effects of Short-term Use:</p> <ul style="list-style-type: none"> • A "sleepy" and uncoordinated feeling during the first few days; as the body becomes accustomed (tolerant) to the effects, these feelings diminish
<p>Effects of Long-term Use:</p> <ul style="list-style-type: none"> • Potential for physical dependence and addiction
<p>Possible Negative Effects:</p> <ul style="list-style-type: none"> • Seizures following a rebound in brain activity after reducing or discontinuing use
<p>Should Not Be Used With Other Substances that Cause CNS Depression:</p> <ul style="list-style-type: none"> • Alcohol • Prescription opioid pain medicines • Some OTC cold and allergy medications

<p>Stimulants</p> <ul style="list-style-type: none"> • Dextroamphetamine (Dexedrine and Adderall) • Methylphenidate (Ritalin and Concerta)
<p>Generally Prescribed For:</p> <ul style="list-style-type: none"> • Narcolepsy • Attention-deficit hyperactivity disorder (ADHD) • Depression that does not respond to other treatments
<p>In The Body: Stimulants enhance brain activity, causing an increase in alertness, attention, and energy.</p>
<p>Effects of Short-term Use:</p> <ul style="list-style-type: none"> • Elevated blood pressure • Increased heart rate • Increased respiration • Suppressed appetite • Sleep deprivation
<p>Effects of Long-term Use:</p> <ul style="list-style-type: none"> • Potential for physical dependence and addiction
<p>Possible Negative Effects:</p> <ul style="list-style-type: none"> • Dangerously high body temperature or an irregular heartbeat after taking high doses • Cardiovascular failure or lethal seizures • For some stimulants, hostility or feelings of paranoia after taking high doses repeatedly over a short period of time
<p>Should Not Be Used With:</p> <ul style="list-style-type: none"> • OTC decongestant medications • Antidepressants, unless supervised by a physician • Some asthma medication

HOW DO THESE MEDICATIONS AFFECT YOU?

- Many medications, both over-the-counter and prescription, can cause drowsiness (sleepiness) and/or impaired your ability to drive.
- Medicines affects each person differently.
- Before driving, be sure medicines YOU take do not impair the way you do your job.
- Medications that cause drowsiness or impaired ability to drive are shown below. These medications are just some of the common ones. However, not all medications that make you sleepy or impair your ability to drive are listed.
- Be sure that you read the label of all medications you take to see if they can cause drowsiness.
- Check with your doctor or pharmacist if you are unsure if the medication you take can impair the way you do your job.

Over-the-Counter (OTC) Medications That May Cause Drowsiness or Impair Your Ability to Drive
Allergy Medication (Antihistamines)* <ul style="list-style-type: none">• Benadryl® (diphenhydramine)• Chlor-Trimeton ® (chlorpheniramine)• Tavist ® (Clemastine)• Combination cold products that contain any antihistamine as an ingredient
Diarrhea Medication <ul style="list-style-type: none">• Imodium AD® (loperamide)
Motion Sickness Medication <ul style="list-style-type: none">• Bonine® (meclizine)• Dramamine® (dimenhydrinate)
Medications for Sleep <ul style="list-style-type: none">• Unisom® (doxylamine)• Nytol® and Sominex® (diphenhydramine)• Tylenol PM® and Excedrin PM® (diphenhydramine) <p><i>NOTE: Even if taken at bedtime, these medications can cause sleepiness the next day.</i></p>
Herbal Medications <ul style="list-style-type: none">• Kava Kava• St. John's Wart• Valerian <p><i>NOTE: There are many products with these medicines in them. They are used in combination with other herbal products.</i></p>

- **Caution:** Some OTC cough and cold medications contain alcohol

Prescription (Rx) Medications That May Cause Drowsiness or Impair Your Ability to Drive

Pain Relievers

- Darvocet® (propoxyphene and acetaminophen)
- Tylenol #3® (codeine and acetaminophen)
- Vicodin®, Lorcet®, or Lortab® (hydrocodone and acetaminophen)
- Percocet®, Endocet®, or Tylox® (oxycodone and acetaminophen)
- Oxycontin® (oxycodone)
- Methadone
- Morphine
- Dilaudid® (hydromorphone)
- Ultram® (tramadol)
- Duragesic® (fentanyl)

Muscle Relaxants

- Flexeril® (cyclobenzaprine)
- Lioresal® (baclofen)
- Robaxin® (methocarbamol)
- Soma® (carisoprodol)
- Parafon Forte® (chlorzoxazone)
- Norflex® (orphenadrine)
- Valium® (diazepam)

Headache/Migraine Medications

- Fioricet® (butalbital, acetaminophen, and caffeine)
- Fiorinal® (butalbital, aspirin, and caffeine)
- Phenergan® (promethazine)
- Compazine® (prochlorperazine)
- Reglan® (metoclopramide)

Medications for Depression

- Elavil® (amitriptyline)
- Aventyl® and Pamelor® (nortriptyline)
- Sinequan® (doxepin)
- Tofranil® (imipramine)
- Paxil® (paroxetine)
- Desyrel® (trazodone)
- Serzone® (nefazodone)
- Remeron® (mirtazepine)

Anxiety Medications

- Buspar® (buspirone)
- Klonopin® (clonazepam)
- Valium® (diazepam)
- Xanax® (alprazolam)
- Ativan® (lorazepam)
- Tranxene® (clorazepate)

Medication for Sleep

- Ambien® (zolpidem)
- Sonata® (zaleplon)
- Valium® (diazepam)
- Ativan® (lorazepam)

NOTE: Even if taken at bedtime, these medications can cause sleepiness the next day.

Blood Pressure Medications

- Ditropan® (oxybutynin)
- Catapres® (clonidine)
- Serpalan® (reserpine)

Seizure Medications

- Tegretol® (carbamazepine)
- Neurontin® (gabapentin)
- Dilantin® (phenytoin)
- Depakote® (valproic acid)

Antihistamines

- Atarax® (hydroxyzine)
- Claritin® (loratadine)
- Zyrtec® (cetirizine)
- Allegra® (fexofenadine)

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**U.S. Department of Transportation
Office of the Secretary of Transportation**

**Office of Drug & Alcohol
Policy & Compliance**



**What Employees
Need To Know
About DOT Drug &
Alcohol Testing**





U.S. Department of Transportation
Office of the Secretary of Transportation

Disclaimer

This publication was produced by the U.S. Department of Transportation (DOT) to assist safety-sensitive employees subject to workplace drug & alcohol testing in understanding the requirements of 49 CFR Part 40 and certain DOT agency regulations. Nothing in this publication is intended to supplement, alter or serve as an official interpretation of 49 CFR Part 40 or DOT agency regulations. This publication is for educational purposes only.

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This publication can also be accessed electronically through the internet at www.dot.gov/odapc.

For questions, please contact DOT's Office of Drug & Alcohol Policy & Compliance at 202-366-DRUG (3784) or visit our website at www.dot.gov/odapc.

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What Employees Need To Know About DOT Drug & Alcohol Testing

U.S. Department of Transportation (DOT)
Office of the Secretary (OST)
Office of Drug & Alcohol Policy & Compliance (ODAPC)

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U.S. Department of Transportation
Office of the Secretary



“Why is this program so important?”



Safety is our no. 1 priority at the U.S. Department of Transportation. And a cornerstone of our safety policy is ensuring that transportation providers across all modes – on roads, rails, water, or in the air, over land and underground – employ operators who are 100 percent drug- and alcohol-free. We want – and we insist upon – safety-conscious employees at all times and under all circumstances.

Fortunately, the transportation industry over time has worked hard to reduce the number of accidents and crashes directly related to drug and alcohol use. Nevertheless, human risk factors remain – and some transportation workers do use illicit drugs, or abuse alcohol, despite serious efforts to deter them.

We must never stop trying to improve our safety record where substance abuse is concerned. We can start by making sure that employees are properly educated on the personal and professional consequences of drug use and alcohol misuse. Supervisors must be appropriately trained to identify signs and symptoms of drug and alcohol use.

Employers must also have strong drug and alcohol testing programs. And employees must be removed from safety-sensitive duties immediately after they violate drug and alcohol testing rules. It is very important that employees are not returned to safety-sensitive duty until they are referred for evaluation and have successfully complied with treatment recommendations.

I know you will support these important measures, so that we can assure the traveling public that our transportation system is the safest it can possibly be.

A handwritten signature in black ink, appearing to read 'Ray LaHood', written over a faint dotted-line signature guide.

Ray LaHood
Secretary of Transportation
U.S. Department of Transportation
July 2009

Office of Drug and Alcohol Policy and Compliance

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What Employees Need To Know About DOT Drug & Alcohol Testing

Just entering the transportation industry? Performing tasks defined by the US Department of Transportation (DOT) as safety-sensitive, such as working on pipelines, driving a truck, operating a ferry or a train, or repairing an airplane? Then, you are subject to DOT workplace drug & alcohol testing. Here are the basics you need to know about DOT's program.

Who is subject to DOT testing?

Anyone designated in DOT regulations as a safety-sensitive employee is subject to DOT drug & alcohol testing. What follows is an overview of what jobs are defined as safety-sensitive functions subject to testing.

Aviation FAA	Flight crews, flight attendants, flight instructors, air traffic controllers at facilities not operated by the FAA or under contract to the U.S. military, aircraft dispatchers, aircraft maintenance or preventative maintenance personnel, ground security coordinators and aviation screeners. Direct or contract employees of 14 CFR Part 121 or 135 certificate holders, Section 91.147 operators and air traffic control facilities not operated by the FAA or under contract to the US Military. See FAA regulations at 14 CFR Part 120.
Commercial Motor Carriers FMCSA	Commercial Drivers License (CDL) holders who operate Commercial Motor Vehicles, 26,001 lbs. gvwr. or greater, or operate a vehicle that carries 16 passengers or more including the driver, or required to display a DOT placard in the transportation of hazardous material. ¹ See FMCSA regulation at 49 CFR Part 382.
Maritime USCG ²	Crewmembers operating a commercial vessel. See USCG regulations at 46 CFR Parts 4 & 16.
Pipeline PHMSA	Operations, maintenance and emergency response. See PHMSA regulations at 49 CFR Part 199.
Railroad FRA	Hours of Service Act personnel, engine & train, signal service or train dispatchers. See FRA regulations at 49 CFR Part 219.
Transit FTA	Vehicle operators, controllers, mechanics and armed security. See FTA regulations at 49 CFR Part 655.

Links to these regulations can be found on-line at www.dot.gov/odapc.

Remember: The tasks you actually perform qualify you as a safety-sensitive employee, not your job title. Also, some employees, like managers and supervisors, may be qualified for these jobs but not currently performing them. Do they have to be tested as well? In most cases, yes...if that employee may be asked at a moment's notice or in an emergency to perform a safety-sensitive job. Be sure to check industry specific regulations for further clarification.

¹ In some instances, states allow waivers from this qualification, such as operators of fire trucks and some farm equipment. Check with your state department of motor vehicles for more information.

² An agency of the U.S. Department of Homeland Security.

Why are safety-sensitive employees tested?

The short answer is for the safety of the traveling public, co-workers and yourself. The longer answer is that the United States Congress recognized the need for a drug & alcohol free transportation industry, and in 1991 passed the Omnibus Transportation Employee Testing Act, requiring DOT Agencies to implement drug & alcohol testing of safety-sensitive transportation employees.³

Within DOT, the Office of the Secretary's Office of Drug & Alcohol Policy & Compliance (ODAPC) publishes rules on *how* to conduct those tests, *what* procedures to use when testing and *how* to return an employee to safety-sensitive duties. Encompassed in 49 Code of Federal Regulations (CFR) Part 40, ODAPC publishes and provides authoritative interpretations of these rules.

DOT agencies and the U.S. Coast Guard write industry specific regulations, spelling out *who* is subject to testing, *when* and in *what* situations. Industry employers implement the regulations that apply to them.

The benefit to all employees affected by DOT regulations is that each agency's regulations must adhere to DOT's testing procedures found at 49 CFR Part 40, commonly known as "Part 40." For example, you may work in the rail industry and later work in the motor carrier industry, but the procedures for collecting, testing and reporting of your tests will be the same under Part 40.

What information must employers provide when I first begin performing DOT safety-sensitive functions?

Depending on the DOT agency over-seeing your industry, your employer may be required to provide you with educational materials and a company policy that explain the requirements of DOT's drug & alcohol testing regulations and the procedures to help you comply. If you have not received this information, be sure to ask your employer about it.

What conduct is prohibited by the regulations?

As a safety-sensitive employee...

- You must not use or possess alcohol or any illicit drug while assigned to perform safety-sensitive functions or actually performing safety-sensitive functions.
- You must not report for service, or remain on duty if you...
 - Are under the influence or impaired by alcohol;
 - Have a blood alcohol concentration .04 or greater; (with a blood alcohol concentration of .02 to .039, some regulations do not permit you to continue working until your next regularly scheduled duty period);
 - Have used any illicit drug.
- You must not use alcohol within four hours (8 hours for flight crew members and flight attendants) of reporting for service or after receiving notice to report.

³ The Omnibus Act's testing requirements do not apply to PHMSA.

- You must not report for duty or remain on duty when using any controlled substance unless used pursuant to the instructions of an authorized medical practitioner.
- You must not refuse to submit to any test for alcohol or controlled substances.
- You must not refuse to submit to any test by adulterating or substituting your specimen.

Keep these in mind when preparing to report to work.

What drugs does DOT test for?

DOT drug tests are conducted only using urine specimens. The urine specimens are analyzed for the following drugs/metabolites:

- Marijuana metabolites/THC
- Cocaine metabolites
- Amphetamines
(including methamphetamine, MDMA)
- Opiates
(including codeine, heroin (6-AM), morphine)
- Phencyclidine (PCP)

Specimens Collected for Drug & Alcohol Testing*	
Drugs:	Urine
Alcohol:	Breath & Saliva
* The FRA requires blood specimens as part of their Post-Accident testing.	

To learn more about the effects of these and other drugs visit the following sites:

- Drugs and Human Performance Fact Sheet. National Highway Traffic Safety Administration (NHTSA) www.nhtsa.dot.gov.
- Driving While You Are Taking Medications. National Highway Traffic Safety Administration (NHTSA) www.nhtsa.dot.gov.
- Common Drugs of Abuse. National Institute for Drug Abuse (NIDA) www.nida.nih.gov.
- Substance Abuse. Substance Abuse and Mental Health Administration (SAMHSA) www.workplace.samhsa.gov.
- Drug Facts. Office of National Drug Policy Control (ONDCP) www.whitehousedrugpolicy.gov.
- Prevention On-line. National Clearinghouse for Alcohol and Drug Information (NCADI) www.health.org.

Can I use prescribed medications & over-the-counter (OTC) drugs and perform safety-sensitive functions?

Prescription medicine and OTC drugs may be allowed.⁴ However, you must meet the following minimum standards:

- The medicine is prescribed to you by a licensed physician, such as your personal doctor.

⁴ The FRA requires that if you are being treated by more than one medical practitioner, you must show that at least one of the treating medical practitioners has been informed of all prescribed and authorized medications and has determined that the use of the medications is consistent with the safe performance of your duties.

- The treating/prescribing physician has made a good faith judgment that the use of the substance at the prescribed or authorized dosage level is consistent with the safe performance of your duties.

Best Practice: To assist your doctor in prescribing the best possible treatment, consider providing your physician with a detailed description of your job. A title alone may not be sufficient. Many employers give employees a written, detailed description of their job functions to provide their doctors at the time of the exam.

- The substance is used at the dosage prescribed or authorized.⁵
- If you are being treated by more than one physician, you must show that at least one of the treating doctors has been informed of all prescribed and authorized medications and has determined that the use of the medications is consistent with the safe performance of your duties.
- Taking the prescription medication and performing your DOT safety-sensitive functions is not prohibited by agency drug & alcohol regulations. However, other DOT agency regulations may have prohibitive provisions, such as medical certifications.

Remember: Some agencies have regulations prohibiting use of specific prescription drugs, e.g. methadone, etc.... If you are using prescription or over-the-counter medication, check first with a physician, but do not forget to consult your industry-specific regulations before deciding to perform safety-sensitive tasks. Also be sure to refer to your company's policy regarding prescription drugs.

When will I be tested?

Safety-sensitive employees are subject to drug or alcohol testing in the following situations:

- Pre-employment.
- Reasonable Suspicion/Cause.
- Random.
- Return-to-duty.
- Follow-up.
- Post-Accident.

Pre-Employment

As a new hire, you are required to submit to a drug test. Employers may, but are not required to, conduct alcohol testing.⁶ Only after your employer receives a negative drug test result (and negative alcohol test result - if administered) may you begin performing safety-sensitive functions. This also applies if you are a current employee transferring from a non-safety-sensitive function into a safety-sensitive position (even if it is the same employer).

⁵ While a minority of states allow medical use of marijuana, federal laws and policy do not recognize any legitimate medical use of marijuana. Even if marijuana is legally prescribed in a state, DOT regulations treat its use as the same as the use of any other illicit drug.

⁶ Not every DOT agency requires a pre-employment alcohol test.

Reasonable Suspicion/Cause

You are required to submit to any test (whether drug, alcohol or both) that a supervisor requests based on reasonable suspicion. Reasonable suspicion means that one or more trained supervisors reasonably believes or suspects that you are under the influence of drugs or alcohol. They cannot require testing based on a hunch or guess alone; their suspicion must be based on observations concerning your appearance, behavior, speech and smell that are usually associated with drug or alcohol use.

Random

You are subject to unannounced random drug & alcohol testing. Alcohol testing is administered just prior to, during or just after performing safety-sensitive functions. Depending on the industry specific regulations, you may only be subject to random drug testing.⁷

No manager, supervisor, official or agent may select you for testing just because they want to. Under DOT regulations, employers must use a truly random selection process. Each employee must have an equal chance to be selected and tested.

Just prior to the testing event, you will be notified of your selection and provided enough time to stop performing your safety-sensitive function and report to the testing location. Failure to show for a test or interfering with the testing process can be considered a refusal.

Post-Accident

If you are involved in an event (accident, crash, etc.) meeting certain criteria of the DOT agency, a post-accident test will be required. You will then have to take a drug test and an alcohol test.⁸ You are required to remain available for this testing and are not permitted to refuse testing.



Remember: Safety-sensitive employees are obligated by law to submit to and cooperate in drug & alcohol testing mandated by DOT regulations.

Return-to-Duty

If you have violated the prohibited drug & alcohol rules, you are required to take a drug and/or alcohol test before returning to safety-sensitive functions for any DOT regulated employer. You are subject to unannounced follow-up testing at least 6 times in the first 12 months following your return to active safety-sensitive service. Return-to-duty tests must be conducted under direct observation.

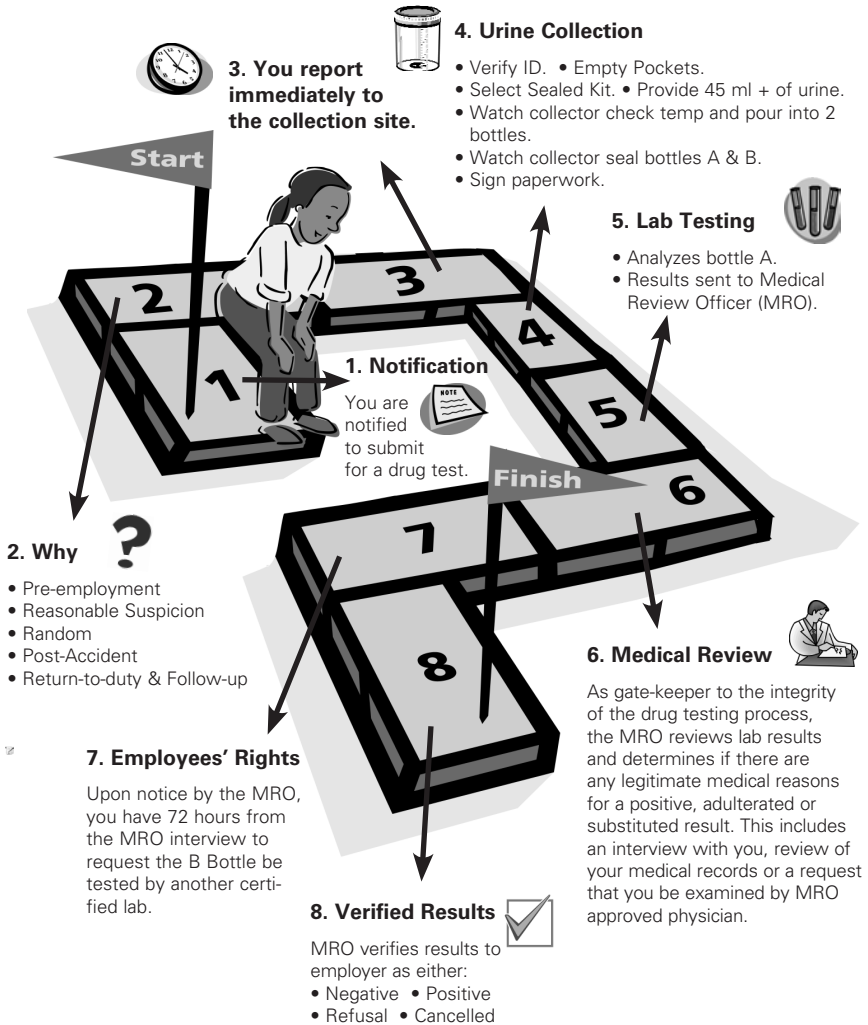
Follow-up

The amount of follow-up testing you receive is determined by a Substance Abuse Professional (SAP) and may continue for up to 5 years. This means the SAP will determine how many times you will be tested (at least 6 times in the first year), for how long, and for what substance (i.e. drugs, alcohol, or both). Your employer is responsible for ensuring that follow-up testing is conducted and completed. Follow-up testing is in addition to all other DOT required testing. All follow-up tests will be observed.

⁷ USCG & PHMSA do not perform random alcohol tests.

⁸ In post-accident testing, the FRA requires a blood specimen for drug testing.

Overview of DOT Drug Testing



How is a urine drug test administered?

Regardless of the DOT agency requiring the drug test, the drug testing process always consists of three components:

- The Collection. (49 CFR Part 40, Subparts C, D, E)
- Testing at the Laboratory. (49 CFR Part 40, Subpart F)
- Review by the Medical Review Officer. (49 CFR Part 40, Subpart G)

What follows is a summary of the procedures for each step. For a more detailed account, please visit 49 CFR Part 40, which can be found in its entirety at www.dot.gov/odapc.

The Collection

During the collection process, a urine specimen collector will:

- Verify your identity using a current valid photo ID, such as driver's license, passport, employer issued picture ID, etc.
- Create a secure collection site by:
 - Restricting access to the site to only those being tested.
 - Securing all water sources and placing blue dye in any standing water.
 - Removing or securing all cleaning products/fluids at the collection site.
- Afford you privacy to provide a urine specimen.
 - Exceptions to the rule generally surround issues of attempted adulteration or substitution of a specimen or any situation where general questions of validity arise, like an unusual temperature.
- Ask you to remove any unnecessary garments and empty your pockets (you may retain your wallet).
- Instruct you to wash and dry your hands.
- Select or have you select a sealed collection kit and open it in your presence.
- Request you to provide a specimen (a minimum of 45 mL) of your urine into a collection container.
- Check the temperature and color of the urine.
- In your presence, pour the urine into two separate bottles (A or primary and B or split), seal them with tamper-evident tape, and then ask you to sign the seals after they have been placed on the bottles.

Remember: Neither you nor the collector should let the specimen out of your sight until it has been poured into two separate bottles and sealed.

- Ask you to provide your name, date of birth, and daytime and evening phone numbers on the Medical Review Officer Copy (Copy #2) of the Federal Drug Testing Custody and Control Form (CCF).
 - This is so the Medical Review Officer (MRO) can contact you directly if there are any questions about your test.
- Complete necessary documentation on the Test Facility (Copy #1) of the CCF to demonstrate the chain of custody (i.e. handling) of the specimen.
- Give you the Employee Copy (Copy # 5) of the CCF and may suggest you list any prescription and over-the-counter medications you may be taking on the back of your copy of the CCF (this may serve as a reminder for you in the event the MRO calls you to discuss your test results).
- Package and ship both sealed bottles and completed CCF to a U.S. Health and Human Services (HHS) certified testing laboratory as quickly as possible.

If you are unable to provide 45 mL of urine on the first attempt, the time will be noted, and you will be:

- Required to remain in the testing area under the supervision of the collection site personnel, their supervisor, or a representative from your company,
 - Leaving the testing area without authorization may be considered a refusal to test
- Urged to drink up to 40 oz. of fluid, distributed reasonably over a period of up to three hours,
- Asked to provide a new specimen (into a new collection container).
- If you do not provide a sufficient specimen within three hours, you must obtain a medical evaluation⁹ within five days to determine if there is an acceptable medical reason for not being able to provide a specimen. If it is determined that there is no legitimate physiological or pre-existing psychological reason for not providing a urine specimen, it will be considered a refusal to test.

How do you know if you are taking a federal or a private company drug test?

All DOT drug tests are completed using the *Federal Drug Testing Custody and Control Form*. Those words appear at the top of each form.

Testing at the Laboratory

At the laboratory, the staff will:

- Determine if flaws exist. If flaws exist, the specimen is rejected for testing.
- Open only the A bottle and conduct a screening test. Specimens that screen positive will be analyzed again using a completely different testing methodology.
 - If the specimen tests negative in either test, the result will be reported as a negative.
 - Only if the specimen tests positive under both methods will the specimen be reported to the medical review officer as a positive test.
- Report the findings of the analysis of the A bottle to the Medical Review Officer (MRO).
- Store the A and B bottles for any reported positive, adulterated, or substituted result for at least 12 months.

Remember: The Lab will conduct specimen validity tests (SVTs) to determine if the specimen was adulterated or substituted. Tests found to be adulterated or substituted are also reported to the MRO and may be considered a refusal to test.

Review by the Medical Review Officer (MRO)

Upon receipt of the test result from the laboratory, the MRO will:

- Review paperwork for accuracy.
- Report a negative result to the Designated Employer Representative (DER).
- If the result is positive, conduct an interview with you to determine if there is a legitimate medical reason for the result. If a legitimate medical reason is

⁹ The physical exam is scheduled after the designated employer representative consults with the medical review officer. The physician chosen to complete the evaluation must have expertise in the medical issues raised and be acceptable to the Medical Review Officer.

established, the MRO will report the result to the DER as negative. If not, the MRO will report the result to the DER as positive.

- If the result is an adulterated or substituted test, conduct an interview with you to determine if there is a legitimate medical reason for the result. If a legitimate medical reason is established, the MRO will report the result to the DER as cancelled. If not, the MRO will report the result to the DER as a refusal.
- Report a non-negative test result to the DER if:
 - You refused to discuss the results with the MRO;
 - You did not provide the MRO with acceptable medical documentation to explain the non-negative test result.
- -Inform you that you have 72 hours from the time of the verified result to request to have your B "split" bottle sent to another certified lab for analysis for the same substance or condition that was found in the A "primary" bottle.

What are Medical Review Officers (MRO)?

Under DOT regulations, MROs are licensed physicians with knowledge and clinical experience in substance abuse disorders. They must also complete qualification training courses and fulfill obligations for continuing education courses. They serve as independent, impartial gatekeepers to the accuracy and integrity of the DOT drug testing program. All laboratory results are sent to an MRO for verification before a company is informed of the result. As a safeguard to quality and accuracy, the MRO reviews each test and rules out any other legitimate medical explanation before verifying the results as positive, adulterated or substituted.

How is an alcohol test administered?

The DOT performs alcohol testing in a manner to ensure the validity of the testing as well as provide confidentiality of the employee's testing information.

How do you know if you are taking a federal or a private company alcohol test?

All DOT alcohol tests are documented with a form with the words *Department of Transportation* at the top.

At the start of the test, a Screening Test Technician (STT) or a Breath Alcohol Technician (BAT), *using only a DOT-approved device*, will:

- Establish a private testing area to prevent unauthorized people from hearing or seeing your test result.
- Require you to sign Step #2 of the Alcohol Testing Form (ATF).
- Perform a screening test and show you the test result. If the screening test result is an alcohol concentration of less than 0.02, no further testing is authorized, and there is no DOT action to be taken. The technician will document the result on the ATF, provide you a copy and provide your employer a copy.

If the screening test result is 0.02 or greater, you will be required to take a confirmation test, which can only be administered by a BAT using an Evidential Breath Testing (EBT) device. The BAT will:

- Wait at least 15 minutes, but not more than 30 minutes, before conducting the confirmation test. During that time, you are not to be allowed to eat, drink, smoke, belch, put anything in your mouth or leave the testing area.



Remember: Leaving the testing area without authorization may be considered a refusal to test.

- Perform an “air blank” (which must read 0.00) on the EBT device to ensure that there is no residual alcohol in the EBT or in the air around it.
- Perform a confirmation test using a new mouthpiece.
- Display the test result to you on the EBT and on the printout from the EBT.
- Document the confirmation test result on the ATF, provide you a copy and provide your employer a copy.
- Report any result of 0.02 or greater immediately to the employer.

If after several attempts you are unable to provide an adequate amount of breath, the testing will be stopped. You will be instructed to take a medical evaluation to determine if there is an acceptable medical reason for not providing a sample. If it is determined that there is no legitimate physiological or psychological reason, the test will be treated as a refusal to test.

Confirmation test results are the final outcome of the test.

Result	Action
Less than 0.02	No action required under 49 CFR Part 40.
0.02 - 0.039	Varies among DOT agencies. For example, FMCSA requires that you not resume safety-sensitive functions for 24 hours [382.505], while the FRA requires 8 hours [219.101(a)(4)]. The FTA & PHMSA require only that you test below 0.02 or cannot work until the next scheduled duty period but not less than 8 hours from the time of the test [655.35 & 199.237 respectively]. And, the FAA requires only that you test below 0.02, if the employer wants to put you back to work within 8 hours [14 CFR Part 120, Subpart F, 120.217(g)]. Also, be sure to check other agency specific regulations for their restrictions.
0.04 or greater	Immediate removal from safety-sensitive functions. You may not resume safety-sensitive functions until you successfully complete the return-to-duty process.

Should I refuse a test if I believe I was unfairly selected for testing?

Rule of Thumb: Comply then make a timely complaint.

If you are instructed to submit to a DOT drug or alcohol test and you don't agree with the reason or rationale for the test, take the test anyway. Don't interfere with the testing process or refuse the test.

After the test, express your concerns to your employer through a letter to your company's dispute resolution office, by following an agreed upon labor grievance or other company procedures. You can also express your concerns to the appropriate DOT agency drug & alcohol program office. (See contact numbers listed in the Appendix.) Whomever you decide to contact, please contact them as soon as possible after the test.

What is considered a refusal to test?

DOT regulations prohibit you from refusing a test. The following are some examples of conduct that the regulations define as *refusing* a test (See 49 CFR Part 40 Subpart I & Subpart N):

- Failure to appear for any test after being directed to do so by your employer.
- Failure to remain at the testing site until the testing process is complete.
- Failure to provide a urine or breath sample for any test required by federal regulations.
- Failure to permit the observation or monitoring of you providing a urine sample. (Please note tests conducted under direct observation or monitoring occur in limited situations. The majority of specimens are provided in private.)
- Failure to provide a sufficient urine or breath sample when directed, and it has been determined, through a required medical evaluation, that there was not adequate medical explanation for the failure.
- Failure to take a second test when directed to do so.
- Failure to cooperate with any part of the testing process.
- Failure to undergo a medical evaluation as part of “shy bladder” or “shy lung” procedures.
- Failure to sign Step #2 of the ATF.
- Providing a specimen that is verified as adulterated or substituted.
- Failure to cooperate with any part of the testing process (e.g., refuse to empty pockets when directed by the collector, behave in a confrontational way that disrupts the collection process, fail to wash hands after being directed to do so by the collector).
- Failure to follow the observer’s instructions [during a direct observation collection] to raise your clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process.
- Possess or wear a prosthetic or other device that could be used to interfere with the collection process.
- Admit to the collector or MRO that you adulterated or substituted the specimen.

What happens if I test positive, refuse a test, or violate an agency specific drug & alcohol rule?

If you test positive, refuse a test, or violate DOT drug & alcohol rules:


- A supervisor or company official will immediately remove you from DOT-regulated safety-sensitive functions.
- You will not be permitted to return to performing DOT regulated safety-sensitive duties until you have:
 - Undergone an evaluation by a Substance Abuse Professional (SAP);
 - Successfully completed any education, counseling or treatment prescribed by the SAP prior to returning to service; and
 - Provided a negative test result for drugs and/or a test result of less than 0.02 for alcohol. (Return-to-duty testing)

- Upon return to a safety-sensitive job, you will be subject to unannounced testing for drugs and/or alcohol no less than 6 times during the first 12 months of active service with the possibility of unannounced testing for up to 60 months (as prescribed by the SAP). These tests (including the return-to-duty test) will be directly observed.

What are SAPs?

Under DOT regulations, SAPs are *Substance Abuse Professionals*. They play a critical role in the work place testing program by professionally evaluating employees who have violated DOT drug & alcohol rules. SAPs recommend appropriate education, treatment, follow-up tests, and aftercare. They are the gate-keepers to the re-entry program by determining when a safety-sensitive employee can be returned to duty.

SAPs are required to have a certain background and credentials, which include clinical experience in diagnosis and treatment of substance abuse-related disorders. They must also complete qualification training and fulfill obligations for continuing education courses. While SAPs do make recommendations to the employer about an employee's readiness to perform safety-sensitive duties, SAPs are neither an advocate for the employee or the employer, and they make return-to-duty recommendations according to their professional and ethical standards as well as DOT's regulations.

 **Remember:** Even if a SAP believes that you are ready to return to work, an employer is under no obligation to return you to work. Under the regulations, hiring and reinstatement decisions are left to the employer. Also, under FAA regulations, SAPs cannot return a pilot to duty without the prior approval of the FAA's Federal Air Surgeon.

How do I find a SAP?

If you violate a DOT drug or alcohol rule, your employer is required to provide you with a list of SAPs' names, addresses, and phone numbers that are available to you and acceptable to them.¹⁰ This is true even if your employer terminates your employment.

Will I lose my job if I violate drug & alcohol regulations?

DOT regulations do not address employment actions such as hiring, firing or granting leaves of absence. All employment decisions are the responsibility of the employers. Under Federal regulations, the main requirement for employers is to immediately remove employees from performing DOT safety-sensitive jobs. Be aware that a positive or refused DOT drug or alcohol test may trigger additional consequences based on company policy or employment agreement.

While you may not lose your job, you may lose your certification or license to perform that job. Be sure to check industry specific regulations. For example, someone operating a commercial motor vehicle may not lose their state-issued CDL, but they will lose their ability to perform any DOT regulated safety-sensitive tasks.

¹⁰ Employers cannot charge employees for the SAP list.

Will my results be confidential?

Your test results are confidential. An employer or service agent (e.g. testing laboratory, MRO or SAP) is not permitted to disclose your test results to outside parties without your written consent. But, your test information may be released (without your consent) in certain situations, such as: legal proceedings, grievances, or administrative proceedings brought by you or on your behalf, which resulted from a positive or refusal. When the information is released, the employer must notify you in writing of any information they released.

Will the results follow me to different employers?

Yes, your drug & alcohol testing history will follow you to your new employer, if that employer is regulated by a DOT agency. Employers are required by law to provide records of your drug & alcohol testing history to your new employer. This is to ensure that you have completed the return-to-duty process and are being tested according to your follow-up testing plan.

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 work-place 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.

Peer Reporting Programs

Generally sponsored by employers or unions, you are encouraged or required to identify co-workers with substance abuse problems. The safety of everyone depends on it. Using peers to convince troubled friends and co-workers with a problem is one of the strengths of the program, often guaranteeing the co-worker struggling with substance abuse issues the same benefits as if he had self-reported.

Education and Training Programs (required by all Agencies)

Topics may include the effects of drug & alcohol use, company testing policies, DOT testing regulations and the consequences of a positive test. Materials may also contain information on how employees can get in touch with their Employee Assistance Programs and community service hot-lines.

In addition, supervisors sometimes receive additional training in the identification and documentation of signs and symptoms of employee's drug and/or alcohol use that trigger a reasonable suspicion drug or alcohol test.

Did you know?

Did you know that 6 out of 10 people suffering from substance abuse problems also suffer from mental conditions like depression?¹¹ Research has long documented that people suffering from depression try to self-medicate themselves through alcohol and other drugs. Typically, many of these individuals fail to remain clean and sober after rehabilitation because their underlying medical problem is not addressed and the cycle of self-medication begins again.



Remember: If you have substance abuse issues, there is a 60% chance that you are also suffering from an underlying mental condition like depression.

Increase your chances of rehabilitation. Be sure to ask your doctor or other mental health professionals about depression as it relates to substance abuse issues.

¹¹ *The Dual Challenge of Substance Abuse and Mental Disorders*, NIDA Director Nora D. Volkow, M.D., NIDA Notes, Vol. 18, No. 5.

But, I have more questions?

ODAPC is available to help answer anyone's questions regarding DOT drug & alcohol testing regulations. Please contact us at 202-366-DRUG (3784) or visit our website at www.dot.gov/odapc for frequently asked questions, official interpretations of the regulations and regulatory guidelines.

If you have questions regarding DOT agency regulations on a specific industry, contact the agencies drug & alcohol abatement offices listed in the Appendix.

Appendix

Drug & Alcohol Program Manager Contact Information

U.S. Department of Transportation

- FAA Aviation (202) 267-8442 www.faa.gov
- FMCSA Motor Carrier (202) 366-2096 www.fmcsa.dot.gov
- FTA Public Transportation (617) 494-2395 www.fta.dot.gov
- FRA Railroads (202) 493-6313 www.fra.dot.gov
- PHMSA Pipeline (202) 550-0629 www.phmsa.dot.gov

U.S. Department of Homeland Security

- USCG Maritime (202) 372-1033 <http://marineinvestigations.us>

NOTES

U.S. Department of Transportation
Office of the Secretary

Office of Drug & Alcohol Policy & Compliance
1200 New Jersey Avenue, SE
Room W62-300
Washington, DC 20590

202.366.DRUG (3784)
202.366.3897 fax
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www.dot.gov/odapc



**U.S. Department
of Transportation**

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