

Policy Number:  
Department:  
Category: Health & Safety  
Subject: Drug and Alcohol Testing  
Effective Date:  
Supersedes:

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## POLICY

To ensure a drug and alcohol free workforce, under defined circumstances, may request drug and/or alcohol screenings from its employees.

## PURPOSE

Our patients and other customers expect employees to remain free from impairment due to the use of drugs and alcohol while on the job and to refrain, except in certain appropriate instances, from use, possession and sale of any drug or alcohol on facility property.

## PROCEDURE and SPECIAL INSTRUCTIONS

To ensure a drug and alcohol free workforce, there are four types of situation where applicants, employees and contract personnel may be asked to submit to a drug and/or alcohol test or screening;

1. Pre-employment/Post Offer Screening
2. For Cause Screening based on behavior and/or performance.
3. Workers' Compensation Injury.
4. Random Screening/Testing.

## DEFINITIONS

- A. "Impaired" means, for the purpose of this policy, the employee is affected by a drug, alcohol, or both in a detectable manner where such use or influence may affect the safety of the employee, coworkers, patients or members of the public, the employee's job performance or the safe or efficient operation of the Facility. The symptoms of impairment can include, but are not limited to, changes in behavior or performance, impairment of physical or mental ability, slurred speech or difficulty in maintaining balance.
- B. "Legal Drug" includes prescribed drugs and over-the-counter drugs which have been obtained by the employee and are being used for the purpose for which they were prescribed and/or manufactured.

Employees are permitted to take legally prescribed and/or over-the-counter medications consistent with appropriate medical treatment plans while performing Hospital business. However, when such prescribed or over-the-counter medications affect the employee's job performance, safety or the efficient operation of the Hospital, the appropriate Administrative person, the department head and/or the Director of Human Resources should be consulted to determine if the employee is capable of continuing to perform the job or, if action, including discipline or a leave of absence, may be required.

- C. "Illegal Drug" means any drug, (a) which is not legally obtainable, or (b) which is legally obtainable, but has not been legally obtained and/or used by the employee. The term includes

prescribed drugs not legally obtained and prescription drugs not being used for prescribed purposes.

Consistent with existing State and Federal law, the use, sale, purchase, transfer or possession of an illegal drug by any employee is prohibited. The presence of any illegal drug in an employee or possession by an employee, while performing Hospital business and/or while on Hospital premises is prohibited.

#### I. Confidentiality:

To lessen liability for charges of invasion of privacy and defamation, it is critical that any information regarding substance abuse tests be handled with the highest degree of confidentiality and discretion. The results of any drug test will only be given to those with a need to know. To ensure the confidentiality:

1. Chain of Evidence procedures will be followed in all cases.
2. Specimens are to be collected by Laboratory or designee and will be sent to an independent Reference Laboratory for testing.
3. Specimen containers will be labeled in the presence of the applicant or employee, with the appropriate identifying code of the applicant or employee.
4. A log will be kept containing the date, name and appropriate identifying code of the individual involved.
5. All test results will be returned directly to the designee.
6. All personnel involved in the determination of testing of the employee are to restrict conversations concerning possible violation of this policy to those persons who are participating or disciplinary action and who have a need to know about the details of the drug/alcohol investigation. This restriction includes not mentioning the name of the employee(s) suspected of violating this policy and those people involved are to instruct other employees, except as stated above, not to talk about such possible violations.

#### II. Pre-Employment of Screenings:

Applicants who receive a conditional offer of employment will be tested for drugs of abuse as part of abuse as part of the pre-employment process.

Procedures:

1. Applicants will be informed of the drug test, and potential follow-up testing, prior to taking the physical examination.
2. Applicants will be required to read and sign a release form prior to giving a specimen. (Attachment A)

### Consequences:

1. Those persons failing to cooperate, in any way, with the testing and collection procedure will have the offer of employment withdrawn. The \_\_\_\_\_ will handle the job withdrawal.
2. An applicant who tests positive will be informed by \_\_\_\_\_ s/he has failed the physical exam. If the applicant requests the reason for the failure of the exam, \_\_\_\_\_ will provide the necessary information in writing. Such applicants may reapply and be reconsidered for employment ONLY after one (1) year from the date of the previous drug screening as long as s/he can:
  - a. Submit evidence of treatment for substance abuse; and
  - b. Submit evidence of drug free status; and
  - c. Submit and pass another drug test.

### III. "For Cause" Substance Abuse Testing:

An employee who is suspected to be impaired at work due to drugs and alcohol may be required to submit to a drug &/or alcohol screening.

#### Procedures:

##### A. Drug and Alcohol Screening

1. There must be reasonable cause based on specific, objective evidence to believe that an employee is impaired on the job because of alcohol or drug use for which the employer has received no reasonable explanation.
2. Test specimens will normally be collected in the \_\_\_\_\_ and sent to an independent Reference Laboratory for testing.
3. Employees will be given the opportunity to provide information that may help explain the sample test results.

##### B. Sequence to be followed when a request of Drug and/or Alcohol screening is made:

1. If an employee has been observed or has been injured at work, or if it has been reported an employee may be impaired by the use of drug and/or alcohol, it must be personally confirmed by observation or report establishing that there is not reasonable cause for the action which is manifest in the employee's behavior, job performance or appearance.
2. Prior to initiating questioning relative to use or possession, managers should consult with Human Resources, if they are available. Managers must have another individual in a supervisory role present, follow the Suspected Substance Abuse Attachments, and limit questions to the employee's general condition. (Should there be no other supervisor in the house, efforts should be made to contact the Department Head, the \_\_\_\_\_ or other \_\_\_\_\_ management person.)

3. The procedures outlined in Attachment B and Sections I, II and III of Attachment C must be fully completed and signed by both the manager and the witness before asking the employee to be present at the \_\_\_\_\_ medical assessment and obtaining a specimen.
  4. If the employee refuses to be tested after it has been determined there is a need to test the employee, the employee should be immediately suspended and told that, after further investigation, appropriate disciplinary action may be taken, up to and including, termination.
  5. If the employee is tested, pending the return of any test results, the employee should be immediately suspended and told that appropriate disciplinary action may result once the test results are available, up to and including termination.
  6. If an employee is tested or if the employee admits to having used drugs or alcohol which may still be impairing him/her, s/he must not be allowed to return to work or to drive away from \_\_\_\_\_. The manager should request permission to call a friend or family member for the employee to make other arrangements to transport the employee home. If the employee refuses and leaves the premises anyway, the manager must document the employee's refusal and subsequent action.
  7. At the point the employee has been suspended to await the results of the test(s) or because the employee refused testing, the Director of Human Resources will assume responsibility for the further direction of the incident with the involvement of appropriate departmental and senior management staff.
- C. Employees who are under treatment at approved rehabilitation programs through self referral or as a result of a drug or alcohol screening may exercise their rights to a leave of absence or a Family Medical Leave Act (FMLA) leave as determined by those HR policies, 612-611 and 612-611A.

The decision to allow an employee discovered to have abused drugs or alcohol to return to work will be determined after a review of all pertinent information on a case-by-case basis.

1. An employee who has been determined to have a substance abuse problem and who agrees to go through a rehabilitation program for the first time may (on a case-by-case basis) be conditionally reinstated to a job provided s/he:
  - a. Takes a leave of absence for at least 30 days, but no longer than 180 days.
  - b. Successfully completes an approved substance abuse program and maintains the preventative course of conduct prescribed by the employee's program. Employees will be required to supply on-going documentation which indicates they are remaining substance free.
  - c. Can, as determined by the appropriate management team, function correctly in the job.

2. The leave the employee is required to take under this option, shall commence on his/her last day of work. An employee must be paid his/her benefit hours as long as s/he has PTO hours. The balance of the leave will be taken without pay.
3. Should an employee be allowed to return to work after s/he has successfully completed an approved substance abuse program, s/he will be required to sign a Conditional Reinstatement Agreement (Attachment F) or other appropriate documents/agreements as determined by the Director of Human Resources and/or appropriate senior management personnel on a case-by-case basis. S/he will also be required to submit continuing documentation of continuing substance free status on a periodic basis and to submit to random drug and/or alcohol testing for the subsequent three (3) years.

Employees, who do not follow prescribed preventative maintenance treatments by their drug or alcohol programs, or, over the subsequent three (3) years, engage in drug or alcohol abuse will be subject to immediate termination.

4. Non-employed physicians found to be impaired will be disciplined as specified in the Medical Staff By-Laws.

#### IV. Employees injured on the job:

Employees who are injured on the job, cause damage to hospital property, and/or cause an accident or causes injury to one (1) or more other employees will be required to submit to a drug/alcohol screening immediately following injuries which result in (a) a need for medical treatment beyond minor treatment or “first aid”, and/or (b) being send by a physician and/or (c) loss time from work.

#### Procedure:

##### A. Drug and Alcohol Screening

1. The need for drug/alcohol testing will be determined as above when employees are injured at work.
2. Test specimens will normally be collected in the \_\_\_\_\_ and sent to an independent Reference Laboratory for testing.
3. Employees will be the opportunity to provide information that may help explain the sample test results.

##### B. Sequence to be followed when a request of Drug and/or Alcohol screening is made:

1. When an employee is injured on the job and meets the above criteria, and/or has a vehicle accident, prior to questioning or testing, managers should consult with \_\_\_\_\_, if they are available or, if not, with the \_\_\_\_\_.
2. The procedures outline in Attachment C, Section II must be fully completed by the manager before asking the employee to provide a specimen. The employee should be asked to sign Attachment D giving permission to submit to the drug screening.
3. If the employee refuses to be tested after an injury which meets the criteria for testing, the employee should sign Attachment D, and should be immediately

suspended and told that, after further investigation, appropriate disciplinary action may be taken, up to and including, termination.

4. If the employee is tested, pending the return of any test results, the employee may be allowed to return to work unless the supervisor believes there might have been cause to test even if the employee had not been injured.
5. If an employee is believed to be impaired or if the employee admits to having used drugs or alcohol which may still be impairing him/her, s/he should be suspended immediately and told that, after further investigation, appropriate disciplinary action may be taken, up to and including, termination.
6. If an employee is tested or if the employee admits to having used drugs or alcohol which may still be impairing him/her, s/he must not be allowed to return to work or to drive away from the Hospital. The manager should request permission to call a friend or family member for the employee or make other arrangements to transport the employee home. If the employee refuses and leaves the premises anyway, the manager must document the employee's refusal and subsequent action.
7. At the point the employee has been suspended to await the results of the test(s) or because the employee refused testing, the \_\_\_\_\_ will assume responsibility for the further direction of incident with the involvement of appropriate departmental and senior management staff.

V. Random testing:

May, at any time, elect to conduct random drug/alcohol screenings, including those required by State and Federal laws, on any or all employees. The same basic procedure as "For Cause" testing will be followed.

Procedure to be followed:

1. After a pre-determined percentage of a group of employees has been identified, employees to be tested will be identified through a random drawing of all employees included in the group to be tested. (The percentage of employees in a given group can be up to 100% of those in that group, as in testing an entire department, or all employees in a given level, as all Management employees, or may be a lower percentage.)
2. Those employees randomly selected will be notified and will be required to immediately present at the collection site (normally the \_\_\_\_\_) for drug and/or alcohol screening.
3. The procedures outlined in Attachment C, Section II must be fully completed by the supervisor or \_\_\_\_\_ designee, and then the employee must be asked to sign Attachment E giving permission to submit to the drug screening.
4. If the employee refuses to be tested after being selected for random drug testing, the employee must sign Attachment E, and should be immediately suspended and told that, after further investigation, appropriate disciplinary action may be taken, up to and including, termination.

5. After the employee has provided the required specimen, s/he should return to work unless the supervisor believes there would have been cause to test even if the employee had not been selected for random testing.
6. If the employee is believed to be impaired, or if the employee admits to having used drugs or alcohol which may still be impairing him/her, s/he should be suspended immediately and told that, after further investigation, appropriate disciplinary action may be taken, up to and including, termination.
7. An employee believed to be impaired must not be allowed to drive away from the \_\_\_\_\_. The manager should request permission to call a friend or family member for the employee or make other arrangements to transport the employee home. If the employee refuses and leaves the premises anyway, the manager must document the employee's refusal and subsequent action.
8. At this point the employee has been suspended to await the results of the test(s) or because the employee refused testing, the \_\_\_\_\_ will assume responsibility for the further direction of the incident with the involvement of appropriate departmental and senior management staff.

The same procedures will be followed as "For Cause" testing to determine the treatment program for an employee found to be impaired while at work.

VI. Involvement of Law Enforcement Agencies/Licensing Agencies:

The use, sale, purchase, transfer, theft or possession of an illegal drug is a violation of the law. Such activities will be referred to law enforcement, licensing and credentialing agencies when appropriate. All such referrals will be done after the appropriate member(s) of Senior Management and the \_\_\_\_\_, are informed.

VII. The administration of these procedures is the responsibility of each department head and supervisor working in conjunction with the \_\_\_\_\_ and Senior Management.

RECOMMENDED BY:

AUTHORIZED BY: \_\_\_\_\_

\_\_\_\_\_  
DATE

ATTACHMENT A

AGREEMENT TO SUBMIT TO DRUG URINE TEST

I understand that all offers of employment with \_\_\_\_\_ are conditional upon successful completion of a physical examination, including this drug test. I further acknowledge that failing any part of the physical exam, including this drug test, may result in withdrawal of the offer of employment. I further agree that my refusal to cooperate in any way with drug testing procedure may also be grounds for withdrawal of the employment offer.

I authorize the release of the results of this drug test to officials of \_\_\_\_\_ or its affiliates or agents for purposes of evaluating my suitability for employment and understand that these results will be confidential and will be released to no third party, or to any individual who does not have a business need to know these results.

I agree to hold \_\_\_\_\_ and its affiliates or agents harmless for the use of the results of these tests.

I acknowledge and agree that the sample given by me shall become the property of \_\_\_\_\_, its affiliates or agents and I hereby relinquish all rights to ownership and possession thereof.

Listed below are all medications taken regularly and occasionally, both prescription and over-the-counter. The name and phone number of the physician(s) who prescribed any prescription drugs are listed below. (If there were none, I have written "none" in the space.)

I understand that if I test positive for any of the drugs included in the pre-employment drug screening, that are not disclosed below, and for which I cannot produce a valid prescription and/or medication bottle, regardless of the time since, I have used that substance will result in my offer of employment being withdrawn.

Prescriptions I use regularly and/or occasionally, and/or over-the-counter drugs I have taken within the past 90 days, are:

| DRUG(S) |  | PRESCRIBED BY (PHYSICIAN NAME AND PHONE NUMBER) |  |
|---------|--|---|--|
|         |  |   |  |
|         |  |   |  |
|         |  |   |  |
|         |  |   |  |
|         |  |   |  |

I have been treated by a dentist or ear, nose, throat doctor in the last week.

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name and phone number of doctor: \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT NAME (Printed)

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
Co-signature by Parent or Legal Guardian (If applicant is under 18 years old.)



## ATTACHMENT B

### PROCEDURE TO BE FOLLOWED BY SUPERVISOR WHO SUSPECTS AN EMPLOYEE MAY BE IMPAIRED BY THE USE OF ALCOHOL AND/OR DRUGS

Attached is a check list and the procedure for handling a situation where there is a suspicion an employee may be impaired by alcohol and/or drugs (legal or illegal, prescription or over-the-counter).

In an effort to establish that a violation of Hospital rules and regulations occurred, all supervisors should follow exactly the same procedure as follows.

1. Determine visibly if the employee “appears” to be impaired by the use of an alcoholic beverage, drugs (including controlled substances, prescriptions and/or others) or both by completing the Visual Observation Checklist. (Attachment C – Section I)
2. If at all possible, get another supervisor or management representative to confirm your observations and witness questioning as follows. This may include calling in a supervisor, the \_\_\_\_\_ or a member of Management.
3. Ask the questions in the sequence indicated on the attachment sheet, Questions for Suspected Substance Abuse. (Attachment C Sections II and III)
4. During the investigation, with the employee still present, complete the Opinion Based on Observations and Questioning by Supervisor sheet. Each supervisor should complete and sign an Opinion Based on Observations and Questioning.
5. If you conclude the employee does not appear to be impaired by the use of alcohol or drugs, including controlled substances and prescription drugs, and is able to perform work duties, have the employee return to work.
6. If you have reasonable cause to believe the employee is impaired by the use of alcohol or drugs or both ask the employee if s/he would be willing to submit to a drug and/or alcohol screen. If the employee admits to being impaired, suspend the employee pending final determination, advise of the \_\_\_\_\_ rule(s) that were violated and tell the employee that appropriate disciplinary action, up to and including termination, may be taken.
7. If the employee agrees to a drug-alcohol test, have the employee read and sign the agreement to submit to a screening (Attachment D), then arrange for the employee to be taken to the \_\_\_\_\_ during regular business hours for the giving of appropriate specimen for drug and/or alcohol screening. During non-business hours contact the house supervisor who will supervise the process from that point.
8. If the employee refuses to be tested, have the employee sign the refusal to submit to a drug and/or alcohol screen (Attachment D). The employee should then be suspended and told that, after further investigation, appropriate disciplinary action may be taken, up to and including termination.
9. No one should attempt to use force in seeking compliance with requests. Both drug and alcohol screens and signing of any forms are voluntary on the part of the employee. Security personnel should be called if it is determined the employee should not be allowed to remain in the work area or the Hospital and the employee refuses to leave.

ATTACHMENT C – Section I

VISUAL OBSERVATION CHECK LIST

DIRECTIONS: Check pertinent items based on your visual observation of the employee. This section must be completed regardless of the outcome of the interview conducted pursuant to testing.

- |     |                                      |  |  |                                       |
|-----|--------------------------------------|--|--|---------------------------------------|
| 1.  | Walking/ _____ Normal<br>Standing    | _____ stumbling<br>_____ unsteady                                      | _____ staggering<br>_____ holding on                         | _____ falling<br>_____ unable to walk |
| 2.  | Speech _____ Normal                  | _____ shouting<br>_____ excited<br>_____ whispering                    | _____ silent<br>_____ rambling<br>_____ slobbering           | _____ slow<br>_____ incoherent        |
| 3.  | Demeanor _____ Normal                | _____ sleepy<br>_____ excited  | _____ crying<br>_____ fighting                               | _____ silent<br>_____ talkative       |
| 4.  | Actions _____ Normal                 | _____ fighting<br>_____ threatening<br>_____ profanity                 | _____ drowsy<br>_____ erratic<br>_____ resists communication | _____ hostile<br>_____ hyperactive    |
| 5.  | Eyes _____ Normal                    | _____ bloodshot<br>_____ glassy  | _____ watery<br>_____ closed                                 | _____ droopy                          |
| 6.  | Face _____ Normal                    | _____ flushed  | _____ pale   |                                       |
| 7.  | Clothing/ _____ Normal<br>Appearance | _____ unruly<br>_____ clothes stained<br>_____ bodily excrement stains | _____ messy<br>_____ partially dressed                       | _____ dirty                           |
| 8.  | Breath _____ Normal                  | _____ alcoholic odor<br>_____ no alcoholic odor                        | _____ faint alcoholic odor                                   |                                       |
| 9.  | Movements _____ Normal               | _____ fumbling<br>_____ nervous  | _____ jerky<br>_____ hyperactive                             | _____ slow                            |
| 10. | Eating/ _____ Normal<br>Chewing      | _____ gum<br>_____ other-identify if possible _____                    | _____ candy  | _____ mints                           |

11. Other  
Observations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTACHMENT C – Section II

QUESTIONS FOR SUSPECTED SUBSTANCE ABUSE

With another supervisor present, please ask the employee who is suspected of abuse the following questions in the order listed.

IF THE EMPLOYEE ADMITS, AT ANY TIME DURING THE QUESTIONING, TO BEING UNDER THE INFLUENCE OF A DRUG(S) OR ALCOHOL, THEN SUSPEND THE EMPLOYEE PENDING FINAL DETERMINATION AND ADVISE OF THE HOSPITAL RULE(S) THAT WERE VIOLATED. INDICATE THAT APPROPRIATE ACTION, UP TO AND INCLUDING TERMINATION, MAY BE TAKEN.

The Supervisor must read the following exactly as written.

“I have asked you here because I have reason to believe that you may be impaired by the use of alcohol or drugs. I am going to ask you a series of questions and would like you to answer honestly.”

“Do you understand?”  Yes  No

1. Are you feeling ill?  Yes  No  
If yes, what are your symptoms? \_\_\_\_\_  
\_\_\_\_\_

2. Are you under a doctor’s care?  Yes  No  
If yes, what are you being treated for? \_\_\_\_\_  
\_\_\_\_\_

What is your doctor’s name and address? \_\_\_\_\_  
\_\_\_\_\_

When did you last visit your doctor? \_\_\_\_\_  
\_\_\_\_\_

3. Are you taking any medication?  Yes  No  
If yes, what medications? \_\_\_\_\_  
If yes, when did you take your last dose? \_\_\_\_\_

Do you have your prescription in your possession?  Yes  No  
(Record all information regarding the prescription.)  
(Take sample of prescription if permitted by employee.)

4. Do you have any pre-existing medical problems?  Yes  No  
Comments: \_\_\_\_\_  
Are you taking insulin?  Yes  No  
Do you have a low blood sugar?  Yes  No  
Do you have a seizure disorder (epilepsy)?  Yes  No  
Comments: \_\_\_\_\_

5. Do you have a cold?  Yes  No  
If yes, are you taking any cold pills?  Yes  No  
If yes, are you taking any cough medicine?  Yes  No  
If yes, are you taking any antihistamines  Yes  No  
Comments: \_\_\_\_\_

6. Are you using any type of drug? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what kind of drug? \_\_\_\_\_

Comments: (When? Where? With whom? How much?)



ATTACHMENT D

AGREEMENT OR REFUSAL TO SUBMIT TO DRUG AND/OR ALCOHOL SCREEN  
BY BLOOD AND URINE TESTS  
AND AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION  
BY THE \_\_\_\_\_ OR THE \_\_\_\_\_

I have been informed that \_\_\_\_\_ or its affiliates or agents, based on my behavior and appearance, and/or as a result of my injury at work, is concerned that I may be under the influence of drugs or alcohol use, and that my ability to perform my duties, may, therefore, be in question; and as a result I have been requested to submit to a drug and/or alcohol screen by blood and/or urine tests and medical assessment, which is to be collected by the \_\_\_\_\_ and sent to an independent Reference Laboratory for testing.

I have been informed and I understand that my agreement to submit to the requested alcohol and/or drug screen by blood and/or urine tests and/or medical assessment is completely voluntary on my part, and that I have the right to refuse to submit to the test. I am aware and have been told, that my refusal to submit to the drug and/or alcohol screen by blood and/or urine tests and/or medical assessment may be grounds for disciplinary action against me, up to and including termination.

I have also been informed and am aware and hereby authorize that the results of this drug and/or alcohol screen by blood and/or urine tests and/or medical assessment may be released to the Director of Human Resources and/or her/his designee who may determine it is necessary to disclose such information to others with a business need to know. I understand that the information so released to the Hospital to determine whether I have violated the \_\_\_\_\_ work rules concerning drug and alcohol use and that the results of such test(s) may form the basis for disciplinary action against me, up to and including termination.

I have read and understood the above information and have decided to voluntarily submit to the requested drug and/or alcohol screen by blood and/or urine tests and/or medical assessment by the Laboratory and, in recognition of this agreement, do sign this consent form.

I acknowledge and agree that the sample given to me shall become the property of \_\_\_\_\_, it's affiliates or agents and I hereby relinquish all rights to ownership and possession thereof.

Date \_\_\_\_\_ Employee signature \_\_\_\_\_

(NOTE: A witness other than the supervisor who has requested that the employee submit to a drug and/or alcohol screen by blood and/or urine tests and/or medical assessment should sign the consent form.

Witness signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

REFUSAL

I hereby refuse to authorize testing of my blood or urine for alcohol or drugs. I understand that my refusal means that I cannot complete a medical exam and such refusal will require a review by management which may necessitate discipline, up to and including termination.

I acknowledge that I will be suspended pending the outcome of this investigation.

\_\_\_\_\_  
Employee signature

Date\_\_\_\_\_

\_\_\_\_\_  
Witness signature

Date\_\_\_\_\_

ATTACHMENT E

AGREEMENT OF REFUSAL TO SUBMIT TO A RANDOM  
DRUG AND/OR ALCOHOL SCREEN  
BY BLOOD AND URINE TESTS  
AND AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION  
BY THE \_\_\_\_\_

I have been informed by \_\_\_\_\_ or its affiliates or agents, that, as a result of a random selection amount a pre-selected group of employees, I have been selected to submit to a random drug and/or alcohol screen. As a result, I have been requested to submit to a drug and/or alcohol screen by blood and/or urine tests and medical assessment, which is to be collected by the \_\_\_\_\_ and sent to an independent Reference Laboratory for testing.

I have been informed and I understand that my agreement to submit to the requested alcohol and/or drug screen by blood and/or urine tests and/or medical assessment is completely voluntary on my part, and that I have the right to refuse to submit to the test. I am aware and have been told, that my refusal to submit to the drug and/or alcohol screen by blood and/or urine tests and/or medical assessment may be grounds for disciplinary action against me, up to and including termination.

I have also been informed and am aware and hereby authorize that the results of this drug and/or alcohol screen by blood and/or urine tests and/or medical assessment may be released to the \_\_\_\_\_ to determine whether I have violated the \_\_\_\_\_ work rules concerning drug and alcohol use and that the results of such test(s) may form the basis for disciplinary action against me, up to and including termination.

I have read and understand the above information and have decided to voluntarily submit to the requested drug and/or alcohol screen by blood and/or urine tests and/or medical assessment by the Laboratory and, in recognition of this agreement, do sign this consent form.

I acknowledge and agree that the sample given to me shall become the property of \_\_\_\_\_, its affiliates or agents and I hereby relinquish all rights to ownership and possession thereof.

Date \_\_\_\_\_ Employee signature \_\_\_\_\_

Date \_\_\_\_\_ Witness signature \_\_\_\_\_



REFUSAL

I hereby refuse to authorize testing of my blood or urine for alcohol or drugs. I understand that my refusal means that I cannot complete a medical exam and such refusal will require a review by management which may necessitate discipline, up to and including termination.

I acknowledge that I will be suspended pending the outcome of this investigation.

\_\_\_\_\_  
Employee signature

Date\_\_\_\_\_

\_\_\_\_\_  
Witness signature

Date\_\_\_\_\_

ATTACHMENT F

CONDITIONAL REINSTATEMENT AGREEMENT

The undersigned parties, \_\_\_\_\_, its affiliates or agents and \_\_\_\_\_ (employee name) hereafter referred to as "employee") hereby agree as follows:

1. Employee recognizes that \_\_\_\_\_, its affiliate or agents has assisted the employee to deal with drug/alcohol abuse problem.
2. \_\_\_\_\_, its affiliates or agents will conditionally reinstate the employee after the employee successfully completes an approved rehabilitation Program. Employee will be conditionally reinstated provided the employee agrees to and performs the following:
  - a. (here insert conditions applying to rehabilitation treatment program.)
  - b. Requirements of state board for licensed personnel.
  - c. Completes an approved leave of absence of at least 30 days, but no longer than 180 days.
3. If within the next three (3) years, employee is unable to perform his/her job duties due to alcohol/drug abuse or fails to continue his/her alcohol/drug rehabilitation program and the conditions set forth above as outlined in item 2, the employee will be terminated.
4. Employee understands and agrees that s/he will submit to random drug/alcohol screens over the next three (3) years as requested by \_\_\_\_\_ and understands and agrees, if a random is found to be positive, Employee may be terminated.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Representative of signature

\_\_\_\_\_  
Date