

Drug and Alcohol Testing Checklist

If your observations indicate the employee may pose a danger to patients or co-workers, or the behaviors observed are blatantly against policy, remove the employee from the floor and /or duties immediately.

BEFORE EMPLOYEE CONTACT

- 1. Print a copy of this entire Reasonable Suspicion Drug and Alcohol Testing (RSDT) packet and take 10 minutes to review the steps in this **Checklist**.
- 2. Choose a second manager or supervisor. The decision to test should be made by two non-union business unit managers or supervisors.
- 3. Identify a private office for the employee conference near a bathroom facility that can be taken out of service for 30 minutes. Try to use a small bathroom with only 1 toilet and sink.
- 4. Determine whether the employee will require the assistance of an interpreter (i.e., hearing impaired or employee uses English as their second language). If an interpreter is needed, contact Company X Interpreter Services.
- 5. Pull the **Incident Report for Drug and Alcohol Testing** from this packet.
- 6. Call for collection.
 - 6a. Be prepared to give the answering service the following:
 - Your **name**
 - **Company** (Company X)
 - Your **Business Unit**
 - **Phone number and extension** where you can be reached. **Make sure your phone line is open, i.e. disconnect your voicemail.**
 - 6b. A representative will return your call within 10-15 minutes. Be prepared to provide:
 - The type of test: “**Non-DOT requiring – Urine drug test and Blood Alcohol**”
 - Reason for test: “**Reasonable Suspicion**” (frequently referred to as “For Cause”)
 - Location of test – (give detailed directions to collector)
- 7. Discuss with the second manager your information or observations and the reasons you believe it may be appropriate to request testing.

STEPS FOR EMPLOYEE CONTACT AND CONFERENCE

- ❑ 8. Ask the employee to join you in the designated conference room. Hold the conference in: a private room, during work hours, AND on the premise of an Company X Business Unit.

If at any time during the process, the employee refuses to cooperate, stop the process and refer to *Employee Refuses to Participate Section*.

- ❑ 9. If the employee requests the presence of a witness or union representative, make a reasonable and timely attempt to contact a witness/union representative. The witness must currently work at that business unit and be available within the next (1) hour. **If the employee is a member of a bargaining unit and declines union representation, please ask them to sign the waiver of representation found in MyCompany X under forms.** If the employee declines union representation, but refuses to sign the waiver, note the employee's choice to proceed without representation and refusal to sign the waiver form. Do not meet with an employee's lawyer.
- ❑ 10. Document all contacts and attempted contacts with witness on the Incident Report form, bottom of page four.
- ❑ 11. During the employee conference:
 - Inform the employee that they will be asked questions which they may refuse to answer.
 - Tell the employee of the behavior(s) observed.
 - Allow the employee an opportunity to explain their behavior.
 - Listen carefully to the reasons/responses and document them.
 - Complete the medical questionnaire in Section 3 of the ***Incident Report form***.
 - DO NOT diagnose the employee's problems or discuss at length any personal problems.
 - Restate the observed behavior.
 - Do not leave the employee alone after the process has been initiated.
- ❑ 12. Complete the medical questionnaire in **Section 3** of the ***Incident Report form***.
- ❑ 13. Inform the employee of your decision to request testing or whether some other form of intervention would be more appropriate. (Refer to the ***Incident Report form, Section 4: Action Plan***)

IF THE DECISION IS MADE TO REQUEST A DRUG/ALCOHOL TEST:

NOTE: If you believe the employee may be unable to read, read the *Policy, the Consent Form (Section 5 of the Incident Report form)* and the *EAP Information Sheet* to them, documenting such on the *Incident Report form*.

- 14. Give the employee a copy of the *Drug and Alcohol Testing Policy for Employees* to keep. Allow the employee time to read the policy.
- 15. Ask the employee to read, complete and sign the *Consent Form (section 5 of the Incident Report form)*. The Medical Review Officer (MRO) will contact the employee to review any reasons for a positive (failed) drug test.
- 16. During the collection process, remain in or near the collection location. The collection service representative will do the complete blood/urine collection. **Verify with the collection service representative that both blood and urine have been collected. Complete collection must be done; this is not a case-by-case decision by manager.**

If the employee can't produce the urine specimen, the tester will remain up to 3 hours with the employees while they drink water.

STEPS FOR AFTER THE COLLECTION IS COMPLETED

- 17. After the collection, tell the employee that:
 - they are off work until further notice,
 - if the results are negative, any PTO or vacation time used will be reinstated,
 - if the results are positive, they will be notified (by mail and/or phone) of the results through Employee Health Services
 - they may be subject to corrective action, up to and including termination, if the results (verified by a re-test) indicate a positive test result, i.e., drug and/or alcohol use above the established limits
 - For first time offenders they will be allowed to return to work (after a positive test) if they:
 1. meet with an Employee Assistance Program (EAP) counselor.
 2. comply with any and all recommendations made.
 - they are referred to Company X EAP. Give the employee a copy of EAP Information Sheet.
 - The results (pass/fail) will be released to the manager. If they will be returned to work (RTW), they may expect contact from their manager for a RTW conference.
- 18. Arrange transportation for the employee to their home using a taxi (if a service is available in your community.) For metro service use Suburban Green and White Cab Company. For 24/hr service call 651-646-2222; give account #98099 and password ("plant"). If the employee chooses to walk, suggest an escort or contact a family member to come to get them. The employee may choose to call a friend or family member for a ride. A manager/supervisor is to remain with the employee until transportation arrives.

- ❑ 19. Complete the ***Incident Report form sections 1-4***; sign and date the ***form*** in all indicated places. Both managers/supervisors should sign the form.
- ❑ 20. Notify your designated Employee Health representative:
 - 1. Telephone: with the employee's name, social security number, and date of collection.
 - 2. Mail the ***Incident Report form, Checklist*** and a copy of the ***Consent Form*** to EHS in a ***confidential envelope***. See the "more..." link to the right for the EHS locations.
- ❑ 21. If the employee is not your direct report, notify the employee's manager of the collection.
- ❑ 22. Notify the appropriate staffing/scheduling departments that "the employee is out on a leave of absence for the remainder of their schedule".
- ❑ 23. Employees will be paid administrative leave pay for scheduled shifts up to five shifts while waiting for the test results. When test results are received, and have been communicated to the employee, administrative leave pay ends, even if less than five shifts. If results are not received within five of the employee's scheduled shifts, or if the employee does not return to work immediately after results are received, consult with your HR Generalist about pay options.

Employee Refuses to Participate in Reasonable Suspicion Drug Testing

Refusal to participate may be expressed in a variety of ways, such as:

- The employee states they have no intention of participating.
- The employee initially signs the consent form, but then somewhere during the process, even after the specimens have been collected, states that they no longer want to participate.
- Employee consents to urine collection and refuses blood collection or vice versa.
- The employee behaves in one or more of the following ways, or in a similar manner. (These behaviors do not automatically mean the employee will not cooperate, but the question needs to be asked: "Do you intend on completing the process?")
 - Dawdles when choosing a union representative
 - Refuses to use the union representative when one is provided
 - Insists that the non-union witness be allowed to drive from home
 - Demands that their lawyer be called or be present
 - Requests a "break" to get a sweater, a purse or a cigarette and doesn't return

If the employee refuses to participate, do NOT detain the employee against their will.

- 1. Explain to the employee it may be to his/her advantage to complete the process to prove they are not under the influence, or if s/he does have a problem s/he could receive help.
- 2. Warn the employee that refusal will result in termination.
- 3. Give the employee the **RSDT Policy**.
- 4. Allow the employee time to read the policy.
- 5. Tell the employee that they are suspended until further notice.
- 6. Arrange transportation for the employee to their home using a taxi, if a service is available in your community (For metro service use Suburban Green and White Cab Company. For 24/hr service call 651-646-2222; give account #98099 and password ("plant"). If they choose to walk, suggest an escort or contact a family member to come and get them. A manager or supervisor must remain with the employee until transportation arrives.
- 7. Cancel the collection service (612-392-5050) if it is no longer needed.
- 8. **Document** the employee's refusal on the **Incident Report form**. Sign and date the form in all indicated places.
- 9. **Notify your designated Employee Health Services representative:**
 - Call with the employee's name, social security number, date of alleged substance abuse.
 - Mail the **Incident Report form** to EHS in the "confidential" envelope.
 - Return the entire used RSDT packet to your designated EHS.

- 10. If applicable, notify the employee's manager that the employee was sent home. A voicemail message will suffice.
- 11. Contact your HR representative for assistance in planning for action regarding the employee.
- 12. Notify the appropriate staffing/scheduling departments that *"the employee is out on a leave of absence" for the remainder of his/her schedule*.

Employee Information Sheet

The Company X Employee Assistance Program (EAP) is a resource for employees needing chemical dependency care. If you feel you have a problem with alcohol or drugs, you may contact us at any time for assistance in arranging chemical dependency evaluation and treatment.

If your Reasonable Suspicion drug or alcohol test is positive, you will be required to undergo a chemical dependency evaluation before returning to work. The timing of your return to work will partially depend on the evaluator's recommendations. The first step in the evaluation process is a meeting with EAP.

**INCIDENT REPORT
FOR DRUG AND ALCOHOL TESTING**

The Incident Report is to be used by managers and/or supervisors to document data gathered during the process of identifying impaired employees.

SECTIONS 1, 2, 3, are to be used as a guide for observing and documenting behaviors, and for documenting the interview with the suspected impaired employee.

SECTION 4 of this form is to be used to document the action plan.

SECTION 5, (Consent Form) includes notice of drug and/or alcohol screening. (NOTE: the “Consent Form” is a separate document.)

This incident report is a LEGAL DOCUMENT.

Employee Name (*please print*) _____
Social Security or Employee Number: _____ Dept: _____
Employee’s Manager: _____ Phone: _____

First Manager/Supervisor Name: (*print*) _____

Title: _____ Signature: _____
Phone: _____

Second Manager/Supervisor Name: (*print*) _____

Title: _____ Signature: _____
Phone: _____

Date: _____ Time Process Started: _____

SECTION 1 – INITIAL ASSESSMENT

Describe how you became aware that this employee was suspected of impaired behavior:

SECTION 2 – BEHAVIORAL/PHYSICAL OBSERVATIONS

DIRECTIONS: A request to the employee to take a drug or alcohol test as part of an assessment may be made only in the event of observable work-related behavior that is happening at the time the request is made. Circle Normal or Abnormal below based on your observations of the employee’s current work-related behavior. If Abnormal, describe what you are observing. Possible descriptions are available on page four of this form. Ask a second manager or supervisor to also document any observed behaviors of the suspected impaired employee. If additional space is required for documentation, use space on page 4 and/or attach an additional sheet of paper.

NOTE: Remember you are looking for a pattern of behaviors; yet, the smell of alcohol alone may be sufficient in itself to proceed with testing.

These behaviors can indicate more than one thing – not just related to drug or alcohol use. Important to complete the medical questionnaire on the next page prior to testing to find out other possible medical concerns.

1. **WALKING/STANDING:** Normal / Abnormal _____

2. **SPEECH:** Normal / Abnormal _____

3. **DEMEANOR:** Normal / Abnormal _____

4. **ACTIONS:** Normal / Abnormal _____

5. **BREATH:** Normal / Abnormal _____

6. **MOVEMENTS:** Normal / Abnormal _____

7. **JUDGMENT** (if observed,): Normal / Abnormal _____

8. **PHYSICAL OBSERVATIONS:**

A. **EYES:** Normal / Abnormal _____

B. **FACE:** Normal / Abnormal _____

C. **APPEARANCE/CLOTHING:** Normal / Abnormal _____

9. **DO YOU OBSERVE ANY PERFORMANCE CHANGES?** ____YES ____NO
Describe: _____

10. **In light of the findings of Sections 1 and 2, are you and the other manager/supervisor in agreement that drug testing should be initiated? If not, stop here. If yes, summarize your reasoning below.**

SECTION 3 – EMPLOYEE MEDICAL QUESTIONNAIRE

DIRECTIONS: The purpose of this section is to determine if the employee is experiencing a medical event causing the unusual behavior. If this appears likely, the employee should be referred to an Emergency Department for care after the drug test, unless immediate attention is warranted. Inform the employee that they have no obligation to answer these questions. With the second manager/supervisor present, ask the employee the following questions in the order listed, verbatim. Circle the response and document any further conversation. Do not inquire about prescription or over-the-counter medications the employee may be taking. If the employee volunteers this information, inform them you do not need to know this information – *do not document* this information on the *Consent Form* or this *Incident Form*.

1. Do you need to be referred for medical care? – YES - NO - NO RESPONSE

(If the employee requires “Emergent” care, proceed to the nearest Emergency Dept., if not, complete the test and then the employee may choose to see their personal medical provider or go to an Urgent Care.)

2. Are you using any type of illegal drug? - YES - NO - NO RESPONSE If yes, what kind of drug? Did you use this drug today?

3. Did you drink alcohol or an alcoholic beverage today? - YES - NO - NO RESPONSE
If yes, what did you drink?

Comments: (when? Where? How much?)

Note: Even if the employee acknowledges alcohol or drug use, it is still appropriate to proceed with the test.

SECTION 4 – FINAL CHECKLIST AND ACTION PLAN

Directions: The manager/supervisor, in conjunction with the second manager/supervisor, should complete the following questions after reviewing all information obtained and before deciding whether to proceed with a request for testing or another appropriate intervention.

1. Did you document the incident and behaviors (Sec. 1 & 2) that may indicate the employee is impaired?
2. Did your interview with the employee suggest a medical explanation for the suspected impairment? If yes, describe _____
3. Do you consider the employee a safety threat to self or others? If so, explain:

ACTION PLAN (*All, none or some are appropriate*) please check:

- Refer to EAP/CD counselor or MNA Peer Assistance Program for Nurses
- Obtain Drug and Alcohol Test (urine and blood samples)
- Refer to Emergency Department for medical evaluation
- If employee is a threat to self or others, contact Security if available or contact 911 for Police or Sheriff
- Send employee home (until return-to-work conference is established through EAP), via taxi or escort
- No action taken at this time
- Other:

Rationale: (Document your reasons for the above decisions) _____

1st Manager/Supervisor

Name: _____ Signature: _____ Title: _____

Time Completed: _____

2nd Manager/Supervisor

Name: _____ Signature: _____ Title: _____

Time Completed: _____

Send completed form to Employee Health Services (EHS) in CONFIDENTIAL envelope.

**SUGGESTIONS FOR ABNORMAL BEHAVIOR
OR PHYSICAL APPEARANCE DESCRIPTIONS**

1. **WALKING/STANDING:** Stumbling, staggering, falling, swaying, unsteadiness, holding on, unable to walk/stand
2. **SPEECH:** Shouting, silent, whispering, slow, rambling/incoherent, slobbering, slurred
3. **DEMEANOR:** Sleeping, crying, silent, overly worried, talkative, excited, suspicious, argumentative, grandiose
4. **ACTIONS:** Resisting communications, fighting, animated, threatening, drowsy, hostile, withdrawn, profanity, hyperactive, erratic, asleep
5. **BREATH:** Alcoholic odor, faint alcoholic odor, no alcoholic odor, fruity
6. **MOVEMENTS:** Fumbling, jerky, slow, nervous, hyperactive, poor coordination
7. **JUDGMENT:** Violated safety procedures, caused significant harm to self or another person, errors in decisions, errors in actions, caused equipment damage
8. **PHYSICAL OBSERVATIONS**
 - A. **EYES:** Bloodshot, watery, dilated pupils, black/blue, glassy, droopy, closed, pinpoint pupils
 - B. **FACE:** Flushed, pale, sweaty, bruises
 - C. **APPEARANCE/CLOTHING:** Unruly, messy, dirty, partially dressed, bloody excrement stains, stains on clothing.

Need space for additional documentation? – continue here:

Steward Waiver Notice

Instructions: Please complete all section of this form to waive your rights to union representation.

EMPLOYEE INFORMATION	
Full Name (First MI Last)	Employee Number
Job Title	Department
Business Unit	Union <input type="checkbox"/> ADIT <input type="checkbox"/> AFSCME <input type="checkbox"/> L70 <input type="checkbox"/> L120 <input type="checkbox"/> L167 <input type="checkbox"/> L455 <input type="checkbox"/> MNA <input type="checkbox"/> SEIU

I hereby acknowledge I have a right to union representation regarding potential discipline and/or my rights and status under the Labor Agreement.

By this signature, I am waiving my right to representation at this time and understand that there is a grievance procedure in the Labor Agreement that details the grievance procedure. I further realize any time limits from the date of this meeting for filing a grievance according to the Labor Agreement. A copy of this Waiver will be provided to the Union.

I may revoke this Waiver at any time in writing, and in the event I do so, the meeting will be adjourned until a Union designated Representative is available.

Employee/Member Signature	Date

Management Signature	Date

Witness Signature	Date

Drug and Alcohol Testing *(Origination date 1-1-07; Effective date 9-15-11)*

Overview

Company X is committed to maintaining a work environment that is free from the influence of alcohol and/or illegal drugs to protect the health, safety, and well being of our patients, employees, and visitors. To meet this commitment, Company X has adopted this Drug and Alcohol Testing Policy for employees.

Applies to

This policy applies to all employees. In addition, some employee groups are also subject to mandatory drug testing by federal law or regulation. For those covered by DOT regulations, DOT standards will be followed. See the "More..." link to the right.

More Links...

[Drug and Alcohol Testing for Employee's Who Operate Under the DOT Regulations](#)

Policy Statement

Employee involvement with drugs and alcohol can adversely affect job performance and employee morale, jeopardize employee safety, and undermine employer confidence. The goal, therefore, and the purpose of this policy is to establish and maintain a safe work place and a healthy and efficient work force free from the effects of drug and/or alcohol abuse.

Policy Violation

If you violate this policy, you may be subject to corrective action.

More Links...

[Corrective Action](#)

Definition

"Illegal drugs" means controlled substances, and includes prescription medications which contain a controlled substance and which are used for a purpose or by a person for whom they are not prescribed or intended. These include, but are not limited to, heroin, cocaine, marijuana, morphine, phencyclidine (PCP), amphetamines, barbiturates, or hallucinogens (or metabolites of any such drugs).

Voluntary disclosure

Company X encourages any employee with a drug or alcohol problem to voluntarily disclose this matter to the Employee Assistance Program (EAP) before being confronted, tested, or otherwise involved in drug and/or alcohol related incidents. If you do so:

- You will be granted time off for treatment, rehabilitation, or counseling in accordance with applicable labor contracts or non-contract Company X policies;
- All communications will be strictly confidential;
- You will be able to use EAP resources to assist you in this process; and
- You will not be discriminated against because of this disclosure and will not be disciplined on the basis of voluntarily acknowledging a drug or alcohol problem. ***However, this will not excuse violations of this policy, the **Drug and Alcohol Free Workplace**, or other Company X policies and procedures under which the employee is subject to **Corrective Action**

Grounds for testing

Testing will be required only under the circumstances described below. No pre-employment drug and alcohol testing is conducted. No test will be sought for the purpose of harassment. All tests are conducted by a laboratory certified in accordance with state law. No test will be conducted by a testing laboratory owned or operated by Company X. The laboratory will notify Company X of the presence or absence of controlled substances and their metabolites and/or alcohol in the sample tested.

Reasonable Suspicion

You will be required to undergo a drug and/or alcohol test if there is a reasonable suspicion that you:

- are under the influence of alcohol and/or illegal drugs,
- have violated the policy statement above or **Company X's Drug and Alcohol Free Workplace Policy**;
- have caused personal injury to yourself or another employee,
- have caused a work-related accident; or
- have operated or helped operate machinery, equipment, or vehicle involved in a work related accident

Treatment program

If you receive a positive test result, you will be requested to undergo drug and/or alcohol testing if you have been referred for chemical dependency treatment. You may be requested to undergo drug and/or alcohol testing without prior notice during the evaluation or treatment period and for a period of up to two (2) years following the referral for prescribed chemical dependency treatment.

Notification

Before requesting that you undergo drug and/or alcohol testing, Company X will provide you with a copy of the Drug and Alcohol Testing Policy and an opportunity to read the policy and sign a consent form.

Right to refuse testing

You have the right to refuse to undergo drug and/or alcohol testing. If you refuse to undergo drug and/or alcohol testing, no test will be administered. However, if you refuse to be tested you will be subject to termination of employment.

Inconclusive test results or tampering

When test results are inconclusive or there is evidence of tampering, Employee Health Services will confer with the medical review officer ("MRO"), collector, and/or personal health care provider as appropriate to make determinations regarding the appropriate action. If it is unclear whether your behavior has contributed to the inconclusive result, you may be required to undergo another drug and/or alcohol test. If it is reasonable to conclude that you engaged in tampering, or other behavior that prevented a meaningful completion of the drug and/or alcohol testing (including but not limited to causing inconclusive results), you will be subject to **corrective action**.

If the initial result of the alcohol and drug test is negative but "dilute" (as defined by the testing lab), you will be required to submit a new sample for testing. Company X will pay for such test on recollection.

More Links...

[Corrective Action](#)

Right in the event of a positive result

If the initial result on the drug/alcohol test is positive, the sample which was tested will undergo a second, confirmatory test before it is reported as a positive result to the employer, employee or medical review officer. An employee has the right to explain the reasons for the positive test (such as that you are taking over the counter or prescribed medications) and to request a confirmatory retest of the sample, to be conducted at the employee's expense. Any employee wishing to exercise these rights must do so within five (5) working days.

If the confirmatory test result is positive, you may be subject to **corrective action** in accordance with applicable labor contracts or non-contract Company X policies and the following:

- **First Positive Test Result on Confirmatory Test**

You will not be discharged based on a first time positive result on a confirmatory test for alcohol and/or illegal drugs requested by Company X. However, you will be terminated if you have been given the opportunity to participate in a drug or alcohol counseling or rehabilitation program and have refused to participate or have failed to successfully complete the counseling program, as evidenced by withdrawal from the program before its completion or by a positive test result on a confirmatory test after the completion of the program.

- **Administrative Leave**

You will be paid administrative leave pay for scheduled shifts up to five shifts while waiting for the test results. When test results are received, your administrative leave pay ends, even if less than five shifts.

- **Subsequent Positive Result on Confirmatory Test**

An employee who receives a positive result on a confirmatory test for alcohol and/or illegal drugs requested by Company X and who has previously received a positive result on a confirmatory test for alcohol and/or illegal drugs requested by Company X may be discharged, so long as a previous positive result occurred within the three (3) preceding years.

If the initial result of the drug and/or alcohol test is negative or the confirmatory test result is negative, you are considered to have satisfactorily completed the drug and/or alcohol test.

Additional rights

If you were asked to undergo testing for alcohol and/or illegal drugs, you will be provided with a copy of the test results upon request. You will be reinstated with back pay if the outcome of the confirmatory test or requested confirmatory retest is negative.

Confidentiality

The fact that you have been requested to take a drug and/or alcohol test, the result of the test, and information acquired in the alcohol and/or illegal drug testing process shall be treated in a manner consistent with Company X's treatment of other private and confidential information concerning employees. If you voluntarily disclose the excessive use of alcohol and/or illegal drugs before being confronted, tested, or otherwise involved in drug and/or alcohol related discipline or proceedings, this will also be treated in a manner consistent with Company X's treatment of other private and confidential information concerning employees. This information will not be communicated by Company X without your consent except to those who need to know this information to perform their job functions, and as permitted or required by law or regulation.

Contact

For more information, contact your HR representative.

See Also:

Employee Assistance Program (EAP)

Employee Dispute Resolution

Confidentiality and Non-Disclosure

Drug and Alcohol Testing for Employee's Who Operate Under the DOT Regulations