

RESOLUTION NO. 01-96
ADOPTING THE MASON COUNTY
DRUG AND ALCOHOL TESTING
POLICY AND PROCEDURE

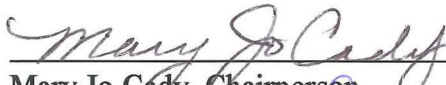
WHEREAS, the rules of the Federal Highway Administration found in 49 CFR Parts 382, 391, 392, and 395 require drug and alcohol testing of employees who operate commercial vehicles;

WHEREAS; RCW 41.56.100 requires that public employers engage in collective bargaining with employees representatives;

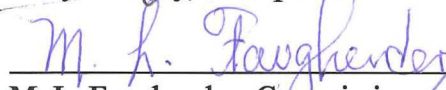
NOW THEREFORE BE IT RESOLVED, by the Board of County Commissioners that the attached Mason County Drug and Alcohol Testing Policy and Procedure be adopted on an interim basis, subject to completion of bargaining with Mason County employee representatives and final adoption by the Board of County commissioners.

ADOPTED this 2nd day of January, 1996.

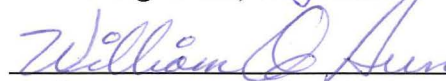
BOARD OF MASON COUNTY COMMISSIONERS



Mary Jo Cady, Chairperson

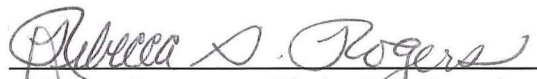


M. L. Faughender, Commissioner



William O. Hunter, Commissioner

ATTEST:



Rebecca S. Rogers, Clerk of the Board

APPROVED AS TO FORM:



Michael Clift, Chief Deputy Prosecutor

MASON COUNTY

DRUG AND ALCOHOL TESTING PROCEDURES MANUAL

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I. INTRODUCTION

A. Requirement to Participate in Drug and Alcohol Testing Program

Mason County is required by Federal regulation to administer a testing program for drug and alcohol use for employees who are required to have and maintain a Commercial Driver's License to perform their job duties.

B. Covered Employees

The following groups of employees are required by law to participate in the drug and alcohol testing program:

1. Regular employees who are required to operate a commercial vehicle as part of their routine job duties;
2. Temporary employees who are required to operate a commercial vehicle as part of their routine job duties;
3. Any employee who possesses a Commercial Driver's License who may at any time operate a commercial vehicle on an emergency or unscheduled basis (including supervisory employees who may be called upon at any time to operate a commercial motor vehicle);
4. Current employees who transfer or promote to a position requiring operation of a commercial vehicle and possession of a Commercial Driver's License;
5. A pre-employment drug test is required of all persons given a conditional job offer for a position that meets the description outlined above.

C. Designated Contact

The following individual(s) have been designated by the County to answer questions about the program and program materials and may provide employees with resource materials or referral assistance:

Skip Wright
Human Resources Director
427-9670, ext. 424

John Flynn
Maintenance Engineer
427-9670, ext. 385

D. Employee Assistance Program

The County offers an Employee Assistance Program (EAP) designed to assist employees and their families who are experiencing personal or job-related problems. The EAP is available to employees who need assistance in dealing with a substance abuse problem. Employees are encouraged to contact the EAP for assistance in early detection of substance abuse problems and referral for treatment programs. All EAP services are confidential and at no cost to the employee. Employees who would like information on benefits of the Employee Assistance Program should contact Skip Wright, in Human Resources.

To contact the EAP call:

1-800-523-5668; TDD# 1-800-882-7610

E. Testing, Evaluation and Referral Services

The County has joined the Association of Washington Cities (AWC) Drug and Alcohol Testing Consortium for much of the administration of this program. The AWC consortium has contracted with Virginia Mason to conduct the random testing services, provide the testing laboratory facilities, arrange the testing collection sites, and provide the Medical Review Officer (MRO) functions. The services of a Substance Abuse Professional (SAP) are also available for employees with positive test results.

Drug and Alcohol Testing Collection Site:

Mason General Hospital
Front Registration Desk
901 Mountain View Dr.
Shelton, WA 98584
(360) 426-1611

Testing Laboratory:

Drug Proof
Nordstrom Medical Tower
P.O. Box 14950
Seattle WA 98114
(206) 386-2454

Medical Review Officers

Robert D. Petrie, M.D.
or
Samuel Strauss, DO, MPH, FACPM
Virginia Mason Occupational Medicine
6720 Southcenter Blvd.
Suite 110
Tukwila WA 98188
(206) 242-3651

Substance Abuse Professional

Olympic Resources
18720 33rd Ave West, Suite 200
Lynnwood WA 98037
1-800-624-5357

Olympic Resources will refer caller to a Substance Abuse Professional in the local area.

II. TESTING PROCEDURES

A. Pre-Employment Testing

Following a conditional offer of employment, prospective employees will be tested for the presence of drugs.

Current employees who are transferring from a position that does not require a Commercial Driver's License to a position that does require one, will be tested for the presence of drugs prior to performing duties that require driving or operating a commercial vehicle.

A positive drug test result for an employment candidate will result in rescinding the conditional offer of employment by Mason County. The individual will only be eligible to re-apply for a position covered by these procedures after six months. Employees seeking to transfer to a position requiring the driving of a commercial vehicle will be denied the transfer.

B. Random Testing

The names and social security numbers for employees covered by these procedures at the County have been included in the AWC Drug and Alcohol Testing Consortium pool. This pool contains all eligible individuals from all of the consortium members. The pool database is managed by Virginia Mason and is updated monthly as changes in personnel occur.

The annual random testing rate required under federal regulations is 50% of the pool for drug testing and 25% of the pool for alcohol testing. This means that if the pool contains 1,000 members, there will be at least 500 random drug tests and at least 250 random alcohol tests conducted throughout the year.

Virginia Mason uses a software program called HEIDI to randomly select individuals for random testing on a monthly basis. Some individuals will be selected for drug testing and others will be selected for both drug and alcohol testing.

Each month, Virginia Mason will send the names of individuals selected for random testing to the appropriate consortium member contacts. If Mason County has any employees selected for testing, the names will be sent to the designated County contact.

Employees selected for random testing will be scheduled for a test by the designated County contact at some time during the month that the name was selected. Employees selected for alcohol testing may only be tested just before, during or after driving a commercial vehicle. Employees will not be notified until just prior to the testing.

Upon notification of selection for random testing, the employee will receive an *Employee Notification of Scheduled Drug and/or Alcohol Test* letter from the designated County contact. The employee will be asked to sign this letter and a *Testing Consent* form. The employee must present the *Employee Notification of Scheduled Drug and/or Alcohol Test* letter at the collection site along with picture identification at the time of testing. A copy of all of the forms will be retained by the County.

After notification, the employee must proceed directly to the collection site for testing accompanied by a supervisor or other non-bargaining unit designee.

The collection and testing procedures are outlined in Attachment B .

If an employee scheduled for an alcohol test receives a confirmed test result with a blood alcohol level of 0.02 or above and is unaccompanied at the collection site, a supervisor will be called to the site to transport the employee.

C. Reasonable Suspicion Testing

According to the federal regulations, reasonable suspicion testing is to be based on "specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee." Only supervisors who have been trained in detecting the symptoms of alcohol misuse or drug use and who have directly observed behaviors, appearance or physical symptoms can subject an employee to reasonable suspicion testing. Supervisors should complete a *Reasonable Suspicion Observation Form* and if possible have the form signed by a witness.

If a supervisor has reasonable suspicion to believe that an employee who is on duty, about to go on duty or just completed duty is under any influence of drugs or alcohol, the supervisor will remove the employee from duty immediately. The employee will be advised of the reasons for reasonable suspicion and will be transported to the collection site by the supervisor for testing.

Reasonable suspicion alcohol testing may only occur just before, during or after an employee drives a commercial vehicle. If a reasonable suspicion alcohol test is not conducted within two hours of determination that it is necessary, the supervisor will prepare and maintain documentation of the reasons why it did not occur.

D. Post-Accident Testing

All employees covered by these procedures will be subject to post-accident testing if they are involved in an accident with a commercial vehicle on a public road which results in:

1. A fatality OR

2. The driver receives a citation under state or local law for a moving violation AND
 - a. there is bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene OR
 - b. one or more motor vehicles incurs disabling damage requiring the vehicle to be transported away from the scene by a tow truck or other vehicle.

After an accident, employees are responsible for contacting the immediate supervisor or other management personnel. If the above conditions are met, the employee must make themselves available for post-accident testing as soon as possible. Post-accident testing for alcohol should occur within two hours if possible, but may not exceed eight hours. Testing for drugs should occur within 32 hours.

Employees subject to post-accident testing are prohibited from consuming alcohol for eight hours following the accident, or until the employee has completed the alcohol test, whichever comes first. An employee who does not comply with the post-accident testing will be considered to have refused testing and will be subject to disciplinary action. An employee in a post-accident situation should cooperate with law enforcement personnel investigating the scene.

Supervisors are responsible for determining if the accident qualifies the driver for post-accident testing and they or a non-bargaining unit designee shall escort the employee to the collection site if possible. If an employee is unable to provide consent to testing due to their medical condition, the supervisor will document the reasons why the employee was not tested. If testing is not completed within the required time following an accident, the supervisor will document in writing why the tests were not administered.

E. Return to Duty and Follow-Up Testing

All employees who have engaged in prohibited conduct as defined in the Drug and Alcohol Testing Policy for Employees who Operate Commercial Vehicles, including those who have tested positive for drugs or alcohol, are subject to return to duty and may be subject to follow-up testing.

1. Return to Duty Testing

After engaging in prohibited conduct regarding alcohol or drug use, an employee is required to undergo a return to duty alcohol and/or drug test prior to returning to a duty which requires driving a commercial vehicle. A return to duty alcohol test must result in a breath alcohol concentration of less than 0.02. A return to duty drug test must result in a verified negative result.

2. Follow Up Testing

An employee who returns to work after evaluation by a Substance Abuse Professional (SAP) determining that the employee is in need of assistance in resolving problems associated with alcohol misuse or drug abuse is subject to unannounced follow up alcohol and/or drug testing as directed by the SAP, but no less frequent than six times in the first year following the return to work.

F. After Hours Testing

If the need for testing occurs outside of the normal hours of operation of the designated collection site, a supervisor or manager will be responsible for following the procedures established by Virginia Mason for such occurrences.

III. TESTING COSTS AND COMPENSATION

A. Testing Costs

1. The County will pay for the following alcohol and or initial drug tests:
 - a. Random testing
 - b. Reasonable suspicion testing
 - c. Post-accident testing
 - d. Pre-employment
 - e. Follow-up testing
 - f. Return to duty testing
2. Employees are responsible for the costs associated with the following tests:
 - a. Split sample re-tests made at the employee's request

If a split sample re-test returns a negative result, the County will reimburse the employee for the cost of the test.
3. Substance Abuse Professional and rehabilitation costs will be the responsibility of the employee.

B. Pay Status

1. For Time Spent Testing

Employees will be compensated for time spent to report to the testing facility, being tested and returning to the shop for the following alcohol and/or initial drug tests:

- a. Random testing
- b. Reasonable suspicion testing
- c. Post-accident testing
- d. Return to duty testing
- e. Follow-up testing

2. Waiting for Results

Employees who have been asked to submit to a reasonable suspicion drug test will be placed on unpaid leave pending the outcome of the test results. Such employees are eligible to use

accrued vacation or sick leave during this time. If the test result is negative, the time will be paid and any sick or vacation leave used will be credited.

3. Alcohol Concentration of 0.02 but less than 0.04

If an employee receives an alcohol test result of at least 0.02 but less than 0.04, the employee must be removed from duty which requires driving a commercial motor vehicle for 24 hours following the administration of the test. The employee may use accrued vacation or sick leave during this absence.

4. Positive Drug Test or Alcohol Test Result of 0.04 or Higher

An employee who receives a positive drug test or who tests 0.04 or greater on an alcohol test is not allowed to return to work until all of the applicable requirements are met as outlined in the Policy (see Consequences of Engaging in Prohibited Conduct and Positive Drug or Alcohol Test). Such employees may use accrued vacation or sick leave during this absence.

IV. TESTING METHODS

A. Drug Testing

The drug testing requires candidates to provide a urine specimen of at least 45 ml to be tested for the presence of amphetamines, cocaine, marijuana (THC), opiates, and phencyclidine (PCP). The specimen will be sent to Drug Proof, a laboratory certified by the Substance Abuse and Mental Health Services Administration (SAMSHA) to conduct screening and confirmation tests according to the protocols identified in the Department of Transportation Rules. All test results will be reviewed by the Medical Review Officer (MRO). Specific collection procedures and analytical procedures are covered in Attachment B.

B. Alcohol Testing

Alcohol testing will be conducted using an approved evidential breath testing (EBT) device operated by a trained breath alcohol technician (BAT) at the collection site. The first test performed will be a screening test. If the screening test results in an alcohol concentration of less than 0.02, it will be considered a negative test. If the screening test results in an alcohol concentration of 0.02 or greater, a second, or confirmation test is performed

within 15 to 20 minutes. Specific alcohol testing procedures are covered in Attachment B.

V. TRAINING AND EDUCATION

The County will provide all affected employees with copies of these procedures and the Drug and Alcohol Testing Policy for Employees who Operate Commercial Vehicles and other information as may be required by the federal regulations. Each driver must sign a receipt upon having been provided the above referenced information.

Managers and supervisors designated to determine whether reasonable suspicion exists to require a driver to undergo alcohol or drug testing will receive at least 60 minutes of training on alcohol and 60 additional minutes of training on drug abuse. The training will cover the physical, behavioral, speech and performance indicators of probable alcohol misuse and use of controlled substances.

ATTACHMENT A

MASON COUNTY

**Drug and Alcohol Testing Policy
for Employees who Operate Commercial Vehicles**

I. PURPOSE

The purpose of this policy is to establish compliance with the Federal Highway Administration regulations requiring drug and alcohol testing for Commercial Driver's License holders. Regulations issued by the United States Department of Transportation mandate urine drug and evidential breath alcohol testing for employees in safety-sensitive positions, including those who are required to hold a Commercial Driver's License. This policy sets forth the Mason County alcohol and drug testing program and the testing and reporting requirements as required by those regulations.

II. APPLICATION

This policy applies to all employees of Mason County who are required to have and maintain a Commercial Driver's License in order to perform the duties of the job. Contractors performing functions for the County involving the use of a vehicle requiring a Commercial Driver's License, will be subject to specific alcohol and drug testing as required by federal regulations.

III. POLICY

The County has a significant interest in the health and safety of its employees and the citizens of Mason County. In furtherance of that interest, it is the policy of the County to take those steps necessary to ensure that its employees perform their duties and responsibilities free of the influence of drugs and alcohol. Employees are encouraged to seek confidential counseling on problems associated with alcohol and drug abuse through the Employee Assistance Program. There will be mandatory drug and alcohol testing for employees and job applicants under the circumstances outlined in this policy.

IV. DEFINITIONS

ACCIDENT - Accident means an occurrence involving a commercial vehicle on a public road which results in (1) a fatality; or (2) the driver receives a citation under state or local law for a moving violation and (a) there is bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene; or (b) one or more motor vehicles incur disability damage requiring the vehicle to be transported away from the scene by a tow truck or other vehicle.

DRIVER - This term includes all employees whose positions may involve driving a commercial vehicle and that require the possession of a Commercial Driver's License.

COMMERCIAL VEHICLE - A commercial vehicle is one that either: 1) has a gross vehicle weight of over 26,000 pounds (including combined weight if towed unit weighs over 10,000 pounds); 2) is designed to transport 16 or more persons, including the driver; or 3) is used to transport hazardous materials.

DRUGS - For the purposes of this policy, in accordance with the applicable federal regulations, "drugs" refers to the following five substances: marijuana (THC), cocaine, opiates, phencyclidine (PCP), and amphetamines.

MEDICAL REVIEW OFFICER (MRO) - The Medical Review Officer is the licensed physician responsible for receiving and interpreting laboratory results from the urine drug tests.

SAFETY SENSITIVE POSITION - For purposes of this policy, these are positions associated with the driving of commercial vehicle that require a Commercial Driver's License.

SUBSTANCE ABUSE PROFESSIONAL (SAP) - A Substance Abuse Professional is a licensed physician, or a licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission) with knowledge of and clinical experience in the diagnosis and treatment of alcohol and drug-related disorders. The SAP is responsible for evaluating employees with positive test results.

V. PROHIBITED CONDUCT

The following conduct regarding alcohol and drug use or abuse is prohibited and employees engaging in such conduct may be subject to disciplinary action up to and including discharge:

A. ALCOHOL CONCENTRATION

An employee may not report for or remain on duty requiring the performance of duties covered under this policy while having an alcohol concentration of 0.04 or greater.

B. ALCOHOL POSSESSION AND ON DUTY USE OF ALCOHOL

An employee may not possess or use alcohol while on duty or while operating a commercial vehicle.

C. PRE-DUTY USE OF ALCOHOL

An employee may not operate a commercial vehicle within four hours after using alcohol. An employee who consumes alcohol within four hours of

being called in must acknowledge the use of alcohol and may not report for duty.

D. ALCOHOL USE FOLLOWING AN ACCIDENT

An employee required to take a post-accident alcohol test may not use alcohol for eight hours following the accident, or until a post-accident alcohol test is given, whichever comes first.

E. USE OF DRUGS

An employee may not report for duty or remain on duty which requires driving a commercial vehicle when the employee has used a drug or drugs, except when the use is pursuant to instructions of a physician who has advised the employee that the substance does not adversely affect the employee's ability to safely operate a commercial vehicle. While use of medically prescribed medications and drugs is not per se a violation of this policy, employees shall report the use of any medication that may impair their job performance. In the event there is a question regarding an employee's ability to safely and effectively perform assigned duties while using such medications or drugs, written clearance from a physician or pharmacist may be required.

F. REFUSAL TO SUBMIT TO A REQUIRED TEST

An employee may not refuse to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or drug test as directed by this policy.

G. POSITIVE DRUG TEST

An employee may not report for duty or remain on duty requiring the performance of duties covered under this policy if the employee tests positive for drugs or alcohol.

H. TAMPERING WITH A REQUIRED TEST

An employee may not tamper with, adulterate, alter, substitute or otherwise obstruct any testing process required under this policy. An employee may consume a reasonable amount of fluid, after notification of the need to test, during transportation to the test site.

I. POSSESSION, TRANSFER OR SALE

No employee may possess, transfer or sell drugs or alcohol while on duty.

VI. TESTING

A. Pre-employment Drug Testing

All individuals who will be covered by this policy must pass a drug test as a post-offer condition of employment.

B. Reasonable Suspicion Testing

Employees subject to this policy shall submit to a drug and/or alcohol test when a trained County supervisor reasonably suspects that the employee is under the influence of drugs or alcohol in violation of this policy. A referral for testing will be based on contemporaneous, articulable observations.

Alcohol testing for reasonable suspicion may only be conducted just before, during or after an employee operates a commercial vehicle. If removed from duty based on reasonable suspicion of alcohol use, the employee will not be allowed to perform or continue to perform covered functions until:

- 1) an alcohol test is administered within two (2) hours and the driver's breath alcohol concentration measures less than 0.02; or
- 2) 24 hours have elapsed following the determination that there is reasonable suspicion to believe that the employee has violated this policy concerning the use of alcohol.

C. Post-Accident Testing

Following an accident (as defined in Article IV) involving a commercial vehicle, the driver is required to submit to alcohol and drug tests. Testing should occur as soon as possible, but may not exceed eight hours after the accident for alcohol testing and 32 hours after the accident for drug testing.

A driver who is subject to post-accident testing must remain readily available, in a paid status, for such testing and may not take any action to interfere with testing or the results of testing. Drivers who do not comply with post-accident testing requirements will be considered to have refused to submit to testing and will be subject to sanctions for refusal to test as provided in this policy.

D. Random Testing

Employees covered by this policy will be subject to random, unannounced alcohol and drug testing.

E. Return to Duty Testing

Employees who have violated this policy, including those who have tested positive on a drug or alcohol test, and who under the discipline policy are allowed to return to work, must test negative prior to being released for duty. A return to duty test following alcohol misuse must be an alcohol concentration of less than 0.02.

F. Follow-up Testing

Except for unusual circumstances agreed to by the parties, an employee who is referred for assistance related to alcohol misuse and/or use of drugs is subject to unannounced follow-up testing for a period not to exceed 12 months as directed by a Substance Abuse Professional. The number and frequency of follow-up testing will be determined by the Substance Abuse Professional, but will not be less than six tests in the first 12 months following the employee's return to duty.

G. Re-tests

Employees who test positive for drugs may request a test of the other portion of the split sample within 72 hours of notification of a positive test result by the Medical Review Officer.

VII. REFUSAL TO TAKE AN ALCOHOL OR DRUG TEST

No employee shall refuse to submit to an alcohol or drug test as directed under this policy. A refusal to submit shall include, but is not limited to:

- a. a failure to provide adequate breath for testing without a valid medical explanation after the employee has received notice of the requirement for breath testing in accordance with the procedures manual;
- b. failure to provide adequate urine for drug testing without a valid medical explanation after the employee has received notice of the requirement for urine testing in accordance with the procedures manual;
- c. intentionally engaging in conduct, following notification of the requirement for testing, that obstructs the testing process.

Refusal to submit to a test shall be considered the same as a positive test result.

VIII. SECURING INFORMATION FROM PREVIOUS EMPLOYERS

If a person is to be hired into a position subject to this policy and during the previous two years has worked as a driver of a commercial vehicle, that person must authorize a request of all employers of the driver within the past two years to release information on the following:

- a. Positive alcohol or drug tests
- b. Refusal to be tested

This information must be obtained before the person is employed by the County. However, if the information has not arrived by the anticipated start date, and if the person has passed the pre-employment drug test, the person may be hired and the requested information must be obtained from the previous employers within 14 calendar days of the date of hire. If the information has not been received within the 14 calendar days, the person will not be permitted to drive commercial vehicles until the information has arrived. If the information obtained from previous employer indicates either a positive test or that a refusal to be tested occurred within the past two years, that person will not be permitted to drive commercial vehicles unless subsequent information indicates that an evaluation by a Substance Abuse Professional was made and return to duty testing was administered.

IX. CONFIDENTIALITY AND RECORD RETENTION

All records related to drug and alcohol testing will be maintained in a secure location with controlled access. Such access is limited to the County's Human Resources Director and the County's Administrative Services Director. These records will be kept separate from records pertaining to all other employees.

X. CONSEQUENCES OF ENGAGING IN PROHIBITED CONDUCT OR POSITIVE DRUG OR ALCOHOL TESTS

A. Discipline

An employee will be subject to discipline up to and including discharge from employment if the employee has engaged in prohibited conduct as outlined in Section V.

Notwithstanding the above, an employee who has engaged in prohibited conduct as outlined in Section V, paragraphs F and/or H; or whose post-accident drug or alcohol test was positive and the employee received a citation for a moving violation shall be discharged from employment.

An employee who tests positive for drugs and/or alcohol in violation of this policy, other than as specified in the preceding paragraph, shall not be subject to discharge from employment if they successfully complete a rehabilitation program as prescribed by the S.A.P., and adheres to the provisions of the return to work agreement.

All employees regardless of disciplinary action taken will be advised of resources available to the employee in evaluating or resolving problems associated with drug use or alcohol misuse.

B. Alcohol Concentration of 0.02 but less than 0.04

Employees having a breath alcohol concentration of at least 0.02 but less than 0.04, shall be removed from duty requiring the driving of a commercial vehicle for 24 hours.

XI. EMPLOYEE ASSISTANCE PROGRAM/VOLUNTARY REFERRAL

The County supports employees who volunteer for treatment of alcohol or drug abuse. Employees are encouraged to seek treatment voluntarily and to utilize the Employee Assistance Program. Any employee who comes forth and notifies the County of alcohol or drug abuse problems will be given the assistance extended to employees with any other illness. Any such program, however, may not interfere with the tests required by these rules. For example, a driver may not identify himself/herself as unfit to drive after having been notified of a random or reasonable suspicion test and expect to avoid the consequences for a positive test or a refusal to test. In addition, voluntarily seeking assistance does not excuse any failure to comply with all of the provisions of this policy or other policies of the County.

Sick leave, vacation leave or leave of absence without pay will be granted for treatment and rehabilitation as in other illnesses. Insurance coverage for treatment will be provided to the extent of individual coverage. Confidentiality of information will be maintained as much as possible at all times.

ATTACHMENT B

VIRGINIA MASON OCCUPATIONAL MEDICINE

DOT Urine Testing for Drugs of Abuse Split Specimen Collection Procedures

All drug screens for this contract will be collected following the stringent procedures of the Department of Transportation and the Substance Abuse and Mental Health Administration (SAMHSA) for federally mandated testing.

These instructions are intended for use by persons already familiar with the existing detailed urine drug screen single specimen collection procedures for Department of Transportation. The following instructions define how split specimens may be collected using a Split Specimen Cup Pack. The split specimen requirement was implemented on August 15, 1994.

A. Operating Administrations Effected:

Employers with employees subject to drug testing in the following operating administrators SHALL use split specimen collection: Federal Highway Administration, Federal Railroad Administration, Federal Transit Administration, and Federal Aviation Administration.

Employers with employees subject to drug testing in the following operating administrations MAY use split specimen collection: Research and Special Program Administration and United States Coast Guard.

B. Designation of Collection Sites:

The collection site person will use the area or areas defined as the designated collection site. The collection will provide an enclosure for private urination, a toilet for completion of urination, a source of water for hand washing, and a clean surface for the collection site person to utilize for writing.

C. General Rules:

1. Collect urine specimen from only one person at a time.
2. Document and maintain the chain of custody at all times.
3. Double check the accurate labeling and sealing of the specimens.
4. Have the donor watch the process of completing paperwork and sealing the specimens.
5. Do NOT list the donor's name on the laboratory copy of the chain of custody.

D. Chain of Custody:

Chain of custody shall be properly executed by authorized collection site personnel upon receipt of specimens at the clinics. Handling and transportation of the urine specimens to the laboratory shall always be accomplished through proper chain of custody procedures. Once at The laboratory a strict use of chain of custody is followed. The purpose of these procedures is to maintain control of specimens/aliquots until testing is completed. All specimens received at The laboratory and aliquots derived therefrom are handled with an internal chain of custody from the time of receipt through the final disposition. In addition, all appropriate spaces on external chain of custody documents are filled in as required by DOT.

1. **Internal chain of custody.** Each transfer of custody must be documented on the chain of custody form in the appropriate space. At each step the person releasing and receiving the sample/aliquot must sign (or stamp and sign) the form, record the date, purpose of transfer, and where appropriate, record the condition of the security seal(s). At this point, the person receiving the specimen/aliquot is responsible or it must be locked in a secure area or container. At no time may the specimen/aliquot be left unattended in a non-secure area.

The individual specimen requisition chain of custody form is used to document external chain of custody and for documentation of specimen receipt, accessioning, and storage prior to testing. The handling of individual specimens for any other purpose must be documented on a special Handling Chain of Custody Document. Batch chain of custody forms document aliquoting of specimens for screening, confirmation testing, and disposition of specimens and/or aliquots. The batch chain of custody is signed and dated by all persons releasing and handling or assuming custody of any specimen, aliquot or extracts derived from the aliquots listed on the form.

All chain of custody forms are part of the forensic record and are stored with the specimen requisitions in either short or long term storage as appropriate. These forms are part of the forensic record and must be available for access in the event that subsequent testing or handling is needed, or in the event that a legal package is requested.

2. **Chain of custody for send-out specimens.** An MRO (on instruction from the specimen donor) may request that a split specimen be sent to another SAMHSA certified laboratory for reconfirmation. In this case, the split specimen will be sent under chain of custody. A Special Handling Chain of Custody will be used to document the specimen recovery from storage and the packaging for shipment.

E. Access Limited to Authorized Personnel:

No unauthorized personnel shall be permitted in any part of the designated collection site where urine specimens are collected or stored. Only the collection site person may handle specimens prior to their being secured in the mailing container. In order to promote the security of specimens and to avoid distraction of the collection site person and ensure against any confusion in the identification of specimens, a collection site person shall conduct only one collection procedure at any given time. For this purpose, a collection procedure is completed when a urine bottle has been

sealed and initialed, the urine custody and control form has been executed and the employee has departed the site.

F. Privacy:

The collection site person will be responsible for using procedures for collecting urine specimens which allow the donor privacy unless there is reason to believe that a particular donor may have altered or substituted the specimen to be provided, as further described in this paragraph.

For purposes of this plan, the following circumstances are the exclusive grounds constituting a reason to believe that the donor may alter or substitute the specimen:

1. To deter the dilution of specimens at the collection site, toilet bluing agents shall be placed in the toilet tanks wherever possible, so the reservoir of water in the toilet bowl always remains blue. Where practical, there shall be no other source of water (e.g. no shower or sink) in the same enclosure where urination occurs. If there is another source of water in the enclosure, it shall be effectively secured or monitored to ensure it is not used (undetected) as source for diluting the specimen.
2. When a donor arrives at the collection site, the collection site person will ensure that the donor is positively identified as the employee selected for testing (e.g. through presentation of photo identification or identification by the employee's supervisor). If the donor's identify cannot be established, the collection site person shall not proceed with the collection.
3. If the donor fails to arrive at the assigned time, the collection site person shall note the discrepancy and alert the designated employer contact.

G. Collection Procedures:

1. Collection site person asks the donor to remove any unnecessary outer garments such as a coat or jacket that might conceal items or substances that could be used to tamper with or adulterate the donor's urine specimen. The collection site person shall ensure that all personal belongings such as a purse or briefcase remain with the outer garments. The donor may retain their wallets.
2. Instruct Donor to wash and dry their hands prior to urination.
3. After washing hands, the donor shall remain in the presence of the collection site person and shall not have access to any water fountain, faucet, soap dispenser, cleaning agents or any other materials which could be used to adulterate the specimen.
4. Have donor choose a split specimen collection cup pack.
5. Collection site person completes a custody and control form for each donor. Write the donor's Social Security or ID number in the grid at tope right corner. Verify and complete information requested in Step 1 (up to temperature) of the custody and control form. Write date and donor Social security or ID number on the bottle label AND on split label.

6. Collection site person opens the cup pack selected by the donor and applies a bottle label found on the custody and control form to the first bottle (primary specimen) and the split sample label to the second bottle (split specimen). Give the donor the collection cup and show hi/her the approximate level for 45 mL volume to be collected. Have the donor collect **at least 45 mL urine**.
7. Donor may provide their specimen in the privacy of a stall or otherwise partitioned areas that allow for individual privacy.
8. Collection site person shall note any unusual behavior or appearance on the custody and control form.
9. Collection site person pours **30 mL urine into the primary specimen bottle and at least 15 mL urine into the split specimen bottle**. Tighten lids securely.
 - If less than 45 mL urine is collected, the collection site person will instruct the donor to drink not more than 24 oz of fluids and, after a period of not more than two hours again attempt to produce a complete sample using a new fresh cup pack. The original insufficient specimen will be discarded. If the donor is still unable to provide an adequate specimen, discard the insufficient sample, discontinue the test and notify the employer of the donor's inability to provide 45 mL of urine for testing within the allowed time period.
10. Collection site person measures temperature of the specimen from temperature strip on primary specimen and complete the last line of Step 1 on form.
11. Have donor verify accurate labeling of specimens. Donor to initial and date bottle security seals and place over caps and down two sides of both bottles. Do not obscure the labels.
12. Have donor complete and sign Step 3 on Copy 3 of custody and control form. Collection site person completes and signs Step 4 on Copy 1 of custody and control form.
13. Collection site person places each sealed bottle in a seXspecimen shipping bag and fold flap to seal.
14. Collection site person removes shipping bag seal from custody and control form and seal junction of front pouch of specimen shipping bag. Sign and date seal.
15. Collection site person complete Step 2, custody record, on custody and control form.
16. Collection site person separates copies of custody and control form and place copies 1, 2, and 7 in back pouch of specimen shipping bag. Mail Copy 3 to the MRO, give donor Copy 4, keep Copy 5 and mail Copy 6 to employer contact person.
17. Collection site person secures specimens until shipped to the laboratory via daily courier.

Breath Alcohol Testing

- ✓ Check patient's picture I.D.
- ✓ Explain test procedure
- ✓ Complete Step 1 of DOT BAT Form
- ✓ Patient completes and signs Step 2 of DOT BAT Form - If patient refuses to sign the form, it is considered a refusal to take the test. Note the refusal in the "Remarks" section.
- ✓ Verify sequential test number on the EBT with the patient and document in Step 3
- ✓ Insert ticket when EBT message states to do so
- ✓ Enter required information into EBT
- ✓ Open sealed mouthpiece in view of the patient and attach to EBT
- ✓ Collect breath sample by instructing the patient to take a deep breath and blow steadily into the mouthpiece of at least 6 seconds or until adequate sample has been obtained
- ✓ Show patient the result displayed on the EBT

If Negative:

- ✓ Date and Sign the certification in Step 3
- ✓ Sign Evidence Ticket
- ✓ Have patient read, sign and date the certification in Step 4 - If patient has already given a breath sample but does not want to sign it is NOT considered a refusal; but you must note that the patient refused to sign in the "Remarks" section.
- ✓ Attach EBT Ticket copies to the designated space on appropriate copies of DOT BAT Form.
- ✓ Distribute copies as follows:
 - Copy 1** - Employer (Confidential-Phone Call, FAX, Mail or In Person as noted in protocol)
 - Copy 2** - Employee
 - Copy 3** - Forward to MRO Office (G1-BH). If done with a SAMHSA drug screen attach to MRO copy of chain of custody.

If Positive (.02 or greater):

Do confirmation Test as follows:

- ✓ Observe 15 minute waiting period and explain restrictions to activities during this time period
- ✓ If patient has not complied with instructions during the waiting period, note in "Remarks" section
- ✓ Continue with testing procedure
- ✓ Use a new mouthpiece which has been opened in view of the patient
- ✓ Collect breath sample and show patient the result displayed on the EBT
- ✓ Have patient read, sign and date the certification in Step 4 - If patient has already given a breath sample but does not want to sign it is NOT considered a refusal; but you must note that the patient refused to sign in the "Remarks" section.
- ✓ Attach EBT Ticket copies to the designated space on appropriate copies of DOT BAT Form.
- ✓ Distribute copies as follows:
 - Copy 1** - Employer (Confidential-Phone Call, FAX, Mail or In Person as noted in protocol)
 - Copy 2** - Employee
 - Copy 3** - Forward to MRO Office (G1-BH). If done with a SAMHSA drug screen attach to MRO copy of chain of custody
- ✓ Ensure IMMEDIATE transmission of results to employer to allow employer to prevent the employee from performing safety-sensitive function.

DRUGS OF ABUSE LABORATORY PROCEDURES

EMIT METHOD INFORMATION

The name EMIT stands for Enzyme-Multiplied Immunoassay Technique. This technique is used for the microanalysis of drugs in biological fluids. Urine is mixed with two reagents. Reagent #1 contains antibodies specific to the particular drug, the coenzyme NAD (nicotinamide adenine dinucleotide) and the substrate G6P (glucose 6 phosphate). Reagent #2 contains a drug derivative labeled with the enzyme G-6PHD (glucose 6 phosphate dehydrogenase). Reagent #1 is added to the sample and the antibody binds to any drug molecule in the donor sample it recognizes. Reagent #2 is added next and the enzyme labeled drug combines with any remaining antibody; the binding decreases the enzyme label activity. The enzyme that remains unbound (therefore still active) relates directly to the concentration of drug in the sample. The active enzyme converts NAD to NADH, resulting in an absorbency change that is measured spectrophotometrically.

GAS CHROMATOGRAPHY-MASS SPECTROMETRY (GC/MS)

GC/MS is an analytical technique which allows one to separate substances based on their differential migration rate through a gas chromatographic column and then, virtually unequivocally, identify them based on their mass spectrum and the migration time. The technique has been generally accepted as a reference method for legal applications. GC/MS does have limitations related to sensitivity, the range of masses measurable and the requirements for sample volatility and thermal stability.

In general, however, for drug analysis, GC/MS is the most specific method available.

The GC/MS in use in the Laboratory of Pathology is a Hewlett-Packard model, 5970 B, which uses electron bombardment to produce a "finger print" mass spectrum of each analyte as it elutes from the capillary column in the gas chromatography. An on-board computer correlated the mass spectrum with a stored library of compounds and produces a report of the probable substances in the sample.

GC/MS is used as a confirmation of positive EMIT screens in our laboratory.

H. Special Circumstances:

1. Employer designated collection site not available. In the exceptional event that an employer collection site is not accessible and there is an immediate requirement for specimen collection (e.g. an accident investigation) a public restroom may be used according to the following procedure: a collection site person of the same gender as the donor accompanies the donor into the public restroom which has been made secure during the collection procedure. If possible, a toilet bluing agent shall be placed in the bowl and any accessible toilet tank. The collection site person remains in the restroom, but outside the stall until the specimen is collected. If no bluing agent is available to deter specimen dilution, the collection site person shall instruct the donor not to flush the toilet until the specimen is delivered to the collection site person.

After the collection site person has possession of the specimen, the donor shall be instructed to flush the toilet and to participate with the collection site person in completing the chain of custody procedures.

2. Temperature outside range. If the temperature of the specimen is outside the range of 90.5 degrees to 99.8 degrees Fahrenheit (32.5 degrees to 37.7 degrees Celsius), that is reason to believe that the donor may have altered or substituted the specimen, and another specimen shall be collected under direct observation of a same gender collection site person and both specimens shall be forwarded to the laboratory for testing. The donor may volunteer to have their oral temperature taken to provide evidence to counter the reason to believe the donor may have altered or substituted the specimen caused by the specimen's temperature falling outside the prescribed temperature range.
3. Adulterated specimens. Whenever there is reason to believe that a particular donor has altered or substituted the specimen a second specimen can be obtained as soon as possible under direct observation of the same gender collection site person. All specimens suspected of being adulterated shall be forwarded to the laboratory for testing.
4. Employer notification. The donor's employer shall review and concur in advance with any decision by a collection site person to obtain a specimen under the direct observation of a same gender collection site person based upon the circumstances listed above.

I. Rejected Specimens:

Samples will be rejected if:

- Specimen bottles lack the unique requisition number.
- Specimen label does not exactly match the unique requisition number of the custody and control form.
- Bottles have no security seals, security seals are broken, there is evidence to tampering, or security seals are incorrectly placed on the bottles.

- The chain of custody is blank.
- The specimens arrived at the laboratory without the chain of custody form.
- The primary specimen contains less than 30 mL urine.

ATTACHMENT C

VIRGINIA MASON OCCUPATIONAL MEDICINE

MRO Review Process and Standard Procedures

The Medical Review Officer's single most important function is the review of the laboratory positive test results and the determination of alternative medical explanations for the positive results. Your Virginia Mason MRO is a licensed physician who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate positive drug test results.

A. Virginia Mason MRO Responsibilities:

The employer and employee depend on the MRO accomplishing his/her vital duties according to 49 CFR, Part 40 and the DOT agency rules. The list of primary responsibilities below is followed by Virginia Mason operating procedures necessary to carry out those responsibilities:

- Receive test results from the laboratory.
- Notify the employee of a confirmed positive test result.
- Review and interpret each confirmed positive test result.
- Provide an opportunity for employee to discuss positive test result in person or by telephone.
- Review employee's appropriate medical history.
- Review appropriate medical records.
- Verify laboratory results.
- Notify employer of verified positive test.
- Make return-to-duty or decision to hire recommendation.
- Ensure return-to-duty or decision to hire requirements are accomplished.

B. Virginia Mason MRO Procedures:

Standard procedures for the MRO in carrying out the responsibilities listed in the previous section are described as follows.

Step 1: Receipt of Laboratory Test Reports

A strict chain of custody procedure, initiated at the time of specimen collection, is required for handling all specimens throughout the urine specimen collection, testing, reporting and review process. Employers and certified forensic drug testing laboratories utilize a standard urine custody and control form (carbonless manifold) that accompanies each specimen to the laboratory. The form becomes a permanent record of employee identification, urine specimen collection and laboratory testing data.

Part 1 and 2 of the form accompany the specimen to the testing laboratory. After the specimen is tested at the laboratory, Part 1 is retained by the laboratory and Part 2 is sent to our MRO Department with the laboratory results recorded on it. Part 3 goes directly to our MRO Department from the collector. Part 4 is for the employee, Part 5 is retained by the collector, and Part 6 is forwarded to the employer anti-drug program manager. Part 7 accompanies the split specimen. (if one has been collected) to the laboratory or storage site. *The order of custody and control form parts as described above may differ, depending on the supplier of the form (i.e. DrugProof, Regional Toxicology Services, Drug Scan, etc.).*

The MRO copy (Part 3) of the custody and control form, will contain information, including but not limited to:

- The type of test conducted (random, post-accident, etc.)
- Employee's printed name and signature, daytime telephone number, date of birth, Social Security or employee identification number, and a unique preprinted specimen identification number.
- Name of the collector, date of collection, collection site, and signed certification statement by the collector.

The Virginia Mason MRO Department has two coordinators who receive all SAMHSA test results directly from the testing laboratory. Some laboratories will additionally transmit a separate report providing test results. The transmittal of results may be by secure electronic means or by mail. Results are never transmitted by telephone.

The MRO is not required to substantively interpret negative test results. However, the MRO and the MRO Department shall administratively review the results, ensuring that:

1. Employee identification information on the laboratory test report and the custody and control form match so that the individual is accurately identified as having a negative test report.

2. Negative test results are reported to the employer representative according to the employer's established reporting procedure. Copy 2 of the custody and control form shall not be provided to the employer. All negative results, whether laboratory negative or negative as a result of the MRO verification process will be reported in an identical manner to the employer representative.

Step 2: Positive Test Report - Verification Process

The MRO verification process of a positive laboratory report requires several specific actions. Upon receipt of a positive test result from the laboratory the MRO shall:

a. **Review Positive Report Documents:**

- Review the documents for completeness (e.g. Are the forms properly filled out with all relevant information?) and ensure that information on Part 2 matches the already received MRO copy (Part 3).
- Review the document for content.

If the MRO is not satisfied with the documentation or if information contained in the documents gives rise to doubts about the test analysis, the MRO has two options. These options are:

- Requesting the laboratory records regarding the specimen to determine if correct procedures were followed.
- Requiring the retest of a specimen should questions arise as to the accuracy or validity of a positive test result. (Only the MRO is authorized to order a reanalysis of the original sample.)

The MRO review of a positive laboratory report requires several specific actions. The first responsibility of the MRO is to review the documentary record of the test for completeness and accuracy and to identify any special problems that may require resolution. This will involve review of any standard laboratory report (such as might be received at a remote printer) and Copies 2 and 3 of the custody and control form. The objectives of this review are to ensure:

- That the test results reported are those for the specimen collected from the employee identified on Copy 3 of the form;
- That the collector, employee and laboratory have completed the required certifications (or any failure has been properly documented); and
- That external chain of custody is intact.

In addition, careful review of the form may indicate information critical to interpretation of the test. For instance, where an initial sample falls outside the normal temperature range (and oral temperature does not explain the discrepancy), a second specimen should be collected under direct observation. In such a case the MRO would want to ensure that the two results are reviewed together and that, as appropriate, a full adulteration panel is run on the initial specimen (specific gravity, creatinine concentration, pH).

Specimen identification. The following steps will be followed in verifying specimen identity:

1. Compare the specimen identification number contained on Copies 2 and 3. They should be the same, and the same number should also be contained on any separate computer-generated laboratory report.
2. Note that the Social Security number is the same on both copies and on any separate laboratory report (if used).
3. If the specimen identification number or Social Security number is different on any of the three documents, the results will not be reported at this time. If the error appears to be at the laboratory, the MRO will request a full report with supporting documentation. The MRO will not verify the positive until they are fully satisfied that the results reported are those for the specimen identified to the subject employee. If there is any doubt concerning correction of a laboratory clerical error, the MRO will order a retest and have the certifying scientist personally inspect the original specimen container to ensure it was properly accessioned.

NOTE: The laboratory will have verified that the numbers shown on the custody and control form are the same numbers on the specimen. The laboratory will leave identifying marks on the specimen bottle for later verification, should any question arise.

Certifications. The MRO will inspect Copy 2 to verify that the required certifications were completed by the collector, employee and the laboratory certifying scientist. Signatures are required (stamps and initials are not sufficient). If the employee has not signed the certification on Copy 3, the test will be considered valid only if the collector has properly noted the declination and has recorded any explanation provided. Note that the laboratory will be unaware of any missing signature on Copy 3 or any explanations that may be placed there by the collector. Note further that refusal to sign may indicate a collection site problem that will be discussed with the employee at the time of the medical interview.

Chain of custody. The chain of custody block will have been reviewed by the laboratory, and any break in external chain of custody will have resulted in canceling the test. However, the MRO will separately review the chain of custody block. The DONOR entry is preprinted, and the donor should initial or sign the chain of custody block. The most likely defect in the form will be a failure by the collector to show transfer for shipment. This is considered a break in the documented chain of custody since from the paperwork it appears that someone else may have handled the specimen in that interval.

Administrative items. The custody and control form contains additional information that is of an administrative nature or that documents the circumstances of the collection. Improper completion (or failure to complete) of these items may give rise to concern over the quality of the collection as whole, but they are not fatal to the integrity of the testing process and will not ordinarily provide the basis for treating the test as a negative. As noted, the laboratory will also follow standard procedures to verify the quality of the collection documentation that is received, including markings on the specimen bottle.

If the records from the collection sites or laboratories raise doubts about the handling of a sample, the MRO may deem the urinary evidence insufficient, the MRO will conclude that the test result is negative. Administrative errors in chain of custody documents can result in inappropriate attribution of a positive test result. It is imperative that no employee suffer unwarranted accusations because of a mislabeled specimen or because of errors in the chain of custody.

Should any question arise as to the accuracy or validity of a positive test result, the MRO is authorized to order a reanalysis of the original sample. In reanalyzing a specimen to determine the accuracy of the reported test result, it must be noted that some analytes deteriorate or are lost during freezing and/or storage. Therefore, quantitation for a retest is not subject to a specific cutoff requirement, but must provide data sufficient to confirm the presence of drug or metabolite.

b. Notifying Employee of Positive Test Result:

The MRO's notification to an employee of a positive test result will occur promptly after the MRO has received the positive laboratory test report. The MRO may initiate contact with the employee immediately after test results are transmitted electronically from the laboratory. However, the MRO will not complete the verification process until both Copy 2 and 3 of the chain of custody form have been received. MRO contact with a positive test employee will be made directly between the MRO and the employee only.

Interview. Regulations Require that the MRO must provide an opportunity for an interview of an employee testing positive as part of the verification process. This can be in person or via telephone. If the employee declines the opportunity for an interview, the MRO will proceed with the verification. If the MRO is unable to locate the employee or the employee does not return the telephone calls after a reasonable attempt from the MRO; the MRO may contact the employer representative.

Reasonable attempt. The employer representative must contact the employee and inform him/her to contact the MRO ASAP, prior to the employee performing his/her next safety-sensitive function. If the employer representative is unable to contact the employee, the employer representative may place him/her on medical leave or temporary medically unqualified status. Please note that the test is still not a verified positive. In order to prevent undue delays by an employee's refusal to contact the MRO, the MRO could verify a confirmed positive result, only if five days after documented contact of the employer representative has passed.

By declining to contact the MRO after being informed to do so, the employee has waived the opportunity to present information concerning possible explanations of the test results. This action will also result in a verified positive. The MRO, however, could reopen the verification process if the employee could demonstrate circumstances (i.e. the employee produced medical reports indicating an injury that prevented a response to the MRO/employer attempted contacts.).

c. **Employee Request for Retest:**

The DOT agency rules provided an employee who tests positive the right to retest hi/her original specimen. The employee may be required to pay the cost of the retest, including handling and shipping costs. The MRO will be careful to note for the employee that the retest will be conducted using GC/MS confirmation and ONLY a SAMHSA certified laboratory. The result will be reported positive if any detectable drug metabolite is found. Retest/reanalysis is not subject to cut-off levels. Furthermore, the MRO is not required to withhold notification of the positive result to the employer, pending the outcome of the retest.

d. **Split Samples Testing:**

A split specimen procedure is one in which the employee provides a minimum of 45 mL of urine, with 35 mL as the primary specimen and 15 mL as the secondary specimen, at the time of the collection. The first specimen is tested at the laboratory, the second specimen bottle is stored for testing at a later time should the first specimen the test positive. Upon notice of a positive test on the first specimen bottle, the employee may requested within 72 hours (or longer if specified in DOT agency rules) that the second specimen bottle be tested, in accordance with the employer's policy. The MRO will authorize the testing of the split specimen. Testing of the split specimen is performed ONLY at a SAMHSA certified laboratory by GC/MS for the presence of drug metabolite only, and is not subject to specific cut off levels. In the event the split sample is found to contain no drug metabolites, the MRO will declare the test results negative. Actions required by the DOT regulations as a result of a positive test are not stayed pending the result of the test on the second specimen.

Step 3: Reporting of a Verified Positive Test Result

If after appropriate review, the MRO concludes that no legitimate medical reason exists for a positive test, and that the chain of custody and laboratory procedures were correct, the MRO must report a verified positive test according to the established company procedure. In addition to reporting a verified positive test result to the employer representative, the MRO will refer to the employee to the employer's employee assistance or rehabilitation program if applicable.

a. **Reporting to Management:**

After the MRO reviews the laboratory positive test results and related matters and verifies that the positive report is evidence of unauthorized drug use, the MRO will sign the verification statement on Part 2 of the custody and control form. The MRO may notify the

employer representative of a verified positive by telephone, electronically, or in writing. The Copy 2 of the custody and control form may be sent to the employer, or another form providing the employee's name, identification number, specimen ID number, date of test, result and substance found in the urine, may be used. In making a determination of either verified positive or negative, the MRO will document, for his or her own files, a summary statement of the basis for determination.

b. Disclosure of Information:

Except as provided in this paragraph, the MRO will not disclose to any third party medical information provided by the individual to the MRO as part of the verification process.

1. The MRO may disclose such information to the employer, a DOT agency or other Federal safety agency, or a physician responsible for determining the medical qualification of the employee under an applicable DOT agency regulation, as applicable, only if:
 - An applicable DOT regulation permits or requires such disclosure;
 - In the MRO's reasonable medical judgment, the information could result in the employee being determined to be medically unqualified under an applicable DOT agency rule; or
 - In the MRO's reasonable medical judgment, in a situation in which there is no DOT agency rule establishing physical qualification standards applicable to the employee, the information indicates that continued performance by the employee of his/her sensitive-safety function could pose a significant safety risk.
2. Before obtaining medical information from the employee as part of the verification process, the MRO shall inform the employee that information may be disclosed to third parties as provided in this paragraph and the identity of any parties to whom information may be disclosed.

Any employee who is subject to a drug test conducted under the DOT rules shall, upon written request, have access to any records to his/her drug test and any records relating to the results or any relevant certification, review, or revocation-of-certification proceedings.

**VIRGINIA MASON OCCUPATIONAL MEDICINE
MRO/EMPLOYEE INTERVIEW CHECKLIST**

- 1. Identify yourself as a Medical Review Officer (MRO) for (Employer), with the duty of receiving and reviewing drug test results. Clearly state that you are acting as an agent for (Employer).
- 2. Establish identity of the employee i.e., full name, social security number, employee I.D. number, address/station.
- 3. If the employee holds a certificate under Part 67 FAR, advise the employee that the information regarding the drug test results and information supplied by the employee will be given to the FAA as required by the regulations.
- 4. Tell the employee you are calling about the specific drug test he/she underwent on the specific date and at the specific location.
- 5. Briefly explain the testing process, discussing screening and confirmation testing, and laboratory reporting.
- 6. When appropriate in the interview process, give the employee the specific result.
- 7. Ask for the recent medical history:
 - Inform him/her that medical information may be disclosed to third parties and identify all third parties involved.
 - Prescription drugs
 - OTC drugs
 - Dental, ENT, ophthalmologic, or other medical procedures
 - Food ingestion
- 8. Request medical records for review if applicable.
- 9. Give the employee an opportunity to discuss the results by phone or in person. Set a specific date and time for an interview.
- 10. When appropriate, request an exam or interview.
- 11. Notify the employee that he/she may request a retest, and explain this process to him/her. Explain that the cost will be the responsibility of the employee. Tell the employee that a retest will not delay verification of the initial result.
- 12. If the verification process is complete, notify the employee that the appropriate management will be notified.
- 13. Offer to answer any questions. Give employee your name and phone number.

CURRICULUM VITAE

Robert Douglas Petrie, M.D.

PERSONAL:

Birthdate: October 29, 1948

Work Address: Virginia Mason Occupational Medicine Clinic
6720 Southcenter Blvd., Suite #110
Tukwila, WA 98188

(206) 242-3651

PROFESSIONAL POSITIONS:

1987-Present Section Head of Occupational Medicine, Virginia Mason
Medical Center, Seattle, WA

Corporate Medical Director, Alaska Airlines

1979-1987 Occupational Medicine, Washington Industrial Occupational
Medicine Clinic, Seattle, WA

1985-1986 Medical Director, Orthokinetic Rehabilitation Center, Federal
Way, WA

1979-1982 Emergency Medicine at Seattle General Hospital, West Seattle
Hospital and Valley General Hospital in Renton

1977-1979 Clinical Instructor, Department of Family Practice
University of Illinois, Rockford, IL

Private Family Practice and Emergency Medicine

1975-1977 Private Family Practice, Toronto, Canada

BOARDS:

1978 Board Certified - Family Practice
1985 Recertified - Family Practice
1988 Certified F.A.A. - A.M.E.
1989 Board Certified - Occupational Medicine
1990 Designated Senior Medical Examiner, F.A.A.

PROFESSIONAL SOCIETIES:

American Academy of Occupational Medicine
Northwest Occupational Medicine Association
American Academy of Family Practice
King County Medical Society
American Medical Association

HOSPITAL STAFF:

Virginia Mason Medical Center
Valley Medical Center
West Seattle Hospital
Riverton Medical Center
Children's Hospital Medical Center
Overlake Medical Center

SUBSTANCE ABUSE TRAINING:

1984-Present	Consultant for more than 300 companies regarding drug and alcohol testing programs; including management training, presentations and implementations of programs
1989-1991	Attended seven F.A.A. sponsored seminars on D.O.T. drug testing rules, including M.R.O. training and updates
1991	Attended A.L.P.A./F.A.A. training for medical sponsors - designated Medical Sponsor 1991

OLYMPIC RESOURCES

Substance Abuse Professional (SAP) Scope of Services

A Substance Abuse Professional (SAP), as contracted by Olympic Resources, is a (1) licensed physician (Medical Doctor or Doctor of Osteopathy), or a licensed or certified psychologist, social worker, or employee assistance professional, with knowledge of and clinical experience in the diagnosis and treatment of drug- and alcohol-related disorders; or (2) an addiction counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission.

The following services will be provided by the SAP, pursuant to the AWC Consortium member's policies, and the willingness of the test-positive employee.

- Provide assessment of any affected employee testing positive. The SAP will confer with the Medical Review Officer (MRO) to obtain results interpretation.
- Oversee the placement of any employee in need in an appropriate treatment facility. [The SAP will not make any referral to his/her own private practice, nor to a person or organization in which the SAP has financial interest.]
- Assist the treatment professional in developing a plan of recovery.
- Upon the employee's return to duty, review the employee's recovery experience and determine the appropriate conditions of return.
- Establish, with the input of the treatment professional and the City, a schedule for follow-up drug and/or alcohol tests.

ATTACHMENT D

Association of Washington Cities Drug and Alcohol Testing Consortium

Record Retention Requirements

Members shall maintain all records related to drug and alcohol testing for each driver in a secure location with controlled access. Keep all documents sent by the laboratory or the collection site.

The following records shall be maintained for a minimum of five years:

- a. Records of alcohol test results indicating an alcohol concentration of .02 or greater.
- b. Records of verified positive drug test results.
- c. Documentation of refusal to take required alcohol and/or drug tests.
- d. Evaluations and referrals.
- e. Copy of annual report.

Records related to alcohol and drug collection process and training shall be maintained for a minimum of two years.

Records of negative and cancelled drug test results and alcohol test results with a concentration of less than 0.02 shall be maintained for a minimum of one year.

No records containing driver information required by this policy will be released except as provided as follows:

- a. Upon written request of the employee.
- b. Upon written authorization of the employee, records will be disclosed to a subsequent employer subject to use as specified by the employee.
- c. Upon specific, written authorization by the employee, records will be released to an identified person, for use only as specified by the employee.
- d. Records may be disclosed to a decisionmaker in a lawsuit, grievance, or other proceeding initiated by or on behalf of the employee, including, but not limited to, a worker's compensation, unemployment compensation or other proceeding relating to a benefit sought by the driver.

Receipt of Informational Materials

Certification of Receipt

I acknowledge that I have received informational materials and instruction regarding the following:

- The agency policy establishing alcohol and drug testing and prohibiting drug and alcohol use among employees who hold a commercial driver's license.
- Reason why my position has been included in the drug and alcohol testing program, which vehicles that I drive that are classified as commercial, and what period of the day that I must be in compliance with the drug and alcohol testing program.
- The procedures that will be used to conduct testing, protect the integrity of the process, and ensure validity of results.
- Potential consequences if I violate the policy and rules regarding the use of alcohol and controlled substances.
- Consequences if I refuse to submit to required testing.
- The effects of alcohol and controlled substance misuse on my health, work and personal life as well as the signs and symptoms of misuse, and methods for requesting intervention and referral assistance when I identify a potential problem with alcohol or controlled substance misuse.

Date

Employee Signature

Printed Name

Drug/Alcohol Testing Request Form

For After Hours Requests Call:
Drug Proof 1-800-898-0180
Kelly Wright

Agency

Contact Person

()
Phone Number

Name and Place Where Samples are to be Collected

Address

City

State

Zip

Test Required
(Check One)

- Drug & Alcohol Drug Alcohol
 DOT covered employee Non - DOT covered employee

Type of Test
(Check One)

- Pre-employment Post Accident Follow-Up Testing
 Random Reasonable Cause Return to Duty
 Other (specify) _____

Name and SS# of those to be tested (Please print)

Name

Social Security Number

Drug and Alcohol Testing Consent Form

Date: _____

Employee Name: _____

Name of Supervisor
Requesting Exam: _____

Name of Supervisor
Accompanying Employee: _____

Medical Consent: I consent to the collection of breath/urine samples by an authorized breath alcohol technician and/or laboratory staff to determine the presence of alcohol and/or drugs, if any.

Authorization to Release Information: I authorize said laboratory to release any and all medical information obtained during this testing procedure to _____.
Name of Agency

I understand that my alteration of this consent form; refusal to consent or cooperate fully with the collection of breath/urine samples; my tampering with any such samples; or my refusal to authorize release information constitutes insubordination, violates the drug and alcohol testing policy and maybe grounds for termination.

I also understand that a positive result on these tests is grounds for disciplinary action.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Supervisor Printed Name: _____

SAMPLE

Employee Notification of Scheduled Drug Test

Employee Name: Covered, Employee

Employee ID: SS#

Test Date:

Work Location:

Occupation:

Collection Site:

Your name has been selected for urinalysis drug testing by a computerized program of random selection. Your selection does not imply that this agency has a specific cause to suspect you of using illegal drugs. Nonetheless, the DOT regulations and this agency's Drug and Alcohol Testing Program, require that the random testing urine specimen must be collected.

You may provide the 60 ml (2 oz) urine specimen in the privacy of a stall. If you are unable to provide a specimen of sufficient quantity, you will be given a waiting period and encouraged to drink water. If you are not able to provide the specimen within the waiting period, you will be deemed to have refused to provide the specimen.

If you refuse to provide the specimen, adulterate the sample, substitute the urine of another person, or fail the drug test, you will be subject to consequences as specified in the drug and alcohol testing policy.

Please bring your driver's license or other photo-identification with you for identification at the collection facility. A copy of this NOTICE must also be presented at the collection facility. This copy will be retained in your confidential drug testing files, together with the Medical Review Officer's final determination of the drug test results.

Please sign the bottom of this notice to acknowledge its receipt.

Employee Signature: _____ Date/Time: _____

Authorization to Conduct Reference Check

Commercial Vehicle Drivers

I hereby request and authorize the _____, acting by and through its
Name of Agency
designated representative, to contact all previous employers and supervisors for whom I
have performed safety-sensitive functions as a commercial vehicle driver, in order to
access any and all information regarding my commercial driving records.

I expressly authorize the _____ to request information from the
Name of Agency
previous two years regarding the following:

- alcohol tests with results .04 or greater
- positive test results for controlled substances
- documentation of any refusals to be tested

I understand that the _____ may provide a copy of this form to
Name of Agency
present and previous employers and others that I have identified as appropriate references
to indicate that this information is being obtained at my request.

Signature

Printed Name

Date

Consent to Disclose Information for Reference Checks

Commercial Vehicle Drivers

I hereby request and authorize the _____, acting by and through its
Name of Agency
designated representative, to provide information concerning my commercial driving records and compliance with Department of Transportation rules and regulations applicable to commercial license holders, to anyone conducting a reference check for potential employment.

I expressly authorize the _____ to provide information from the
Name of Agency
previous two years, in writing, concerning the following:

- alcohol test results of .04 or greater
- positive test results for controlled substances
- documentation from the last two years of any refusals to be tested

I hereby acknowledge that the above information is being disclosed at my express request and that I will make no claim whatsoever against the agency, its agents, or employees arising out of disclosure of such information regarding my commercial driving records.

I understand that the _____ may provide future reference seekers
Name of Agency
with a copy of this form, to indicate that this information is being provided at my request.

Signature

Printed Name

Date

Impaired Behavior Incident Report Form

Use this checklist to describe the observed behavior that causes you to believe the employee's job performance is impaired. Provide additional information in each comment section as necessary. You do not need to write in complete sentences. Attach this form to the Testing Consent form. This checklist is to be kept confidential and should be placed in the employee's drug and alcohol testing file.

Name of employee: _____

Location of employee while impaired: _____

Time impairment first observed: _____ am/pm How long did you observe: _____

Names of other witnesses: _____

Did anyone complain to you about the employee's impaired behavior: If so, who: _____

Checklist of Possible Behaviors

- Physical mannerisms changed or unusual (staggering, gestures, posture)
- Alcohol on breath
- Excessive fatigue
- Out-of-control displays of emotion
- Unusual fear
- Memory problems (difficulty recalling instructions, data, procedures)
- Engaged in verbal or physical abusiveness
- Excessive sweating or hand/foot tremor
- Responsible for serious safety or security violation
- Caused or involved in serious accident or near miss
- Demanding, rigid, inflexible behavior(s)
- Clearly refused to do assigned work (when mixed with other behaviors)
- Made significant error(s)
- Behavior which disrupted workflow
- Interfered with or ignored established procedures
- Complaints by co-workers or subordinates

Describe Incident:

Comments or Statements by Employee Indicating Possible Impairment:

Employee's Explanation for Impairment:

Supervisor's or Witness' Signature

Time _____ am/pm Date _____

Vehicular Incident Reporting Procedure

Supervisor's Checklist

When a commercial vehicle driver is involved in an accident with a commercial vehicle that results in either 1) a fatality or 2) a moving violation citation and injury to some person or damage to one or more vehicles severe enough to require towing from the scene, the employees who hold commercial licenses, and who may have been responsible for the accident, must submit to alcohol and drug testing in accordance with Department of Transportation rules and regulations. The following procedures have been developed to assist you in dealing with this type of an accident and should be immediately implemented.

In the event of an accident, please complete the following checklist:

- Ensure that if the employee is injured, that he/she receives medical care. If seriously injured, call 911 for assistance. After help arrives, follow the established procedures for drug and alcohol testing.
- Notify the City's designated contact for drug and alcohol testing that the accident occurred and that the employee is being taken in for testing.
- Remind the employee that, in accordance with Department of Transportation Rules, they must make themselves available for drug and alcohol testing.
- Have the employee sign the **Testing Consent Form** authorizing drug and alcohol tests.
- If the employee refuses to sign the consent form, remind the employee that refusal to test will be treated in the same manner as a positive test and handled accordingly. Testing can occur without a signed consent form.
- Contact the collection site to let them know that you will be bringing the employee in for a post-accident drug and alcohol test.
- Complete a **Drug/Alcohol Testing Request Form** and take the form with you to the collection site.
- If the employee receives medical care, follow agency instructions for filing a Worker's Compensation claim.

Vehicular Incident Reporting Procedure

Employee's Checklist

When you are involved in an accident involving a commercial vehicle that results in either 1) a fatality or 2) a moving violation citation and injury to some person or damage to one or more vehicles severe enough to require towing from the scene, and there is a possibility that your actions or decisions might have contributed to the accident, you will be asked to submit to alcohol and drug testing. In accordance with Department of Transportation rules and regulations, this testing must be conducted. The following checklist has been developed to help you anticipate what will occur following this type of an accident.

- If you are injured, ask someone to call 911.
- Notify supervisor immediately of the accident.
- Do not drink alcohol until an alcohol test has been administered if one is determined to be necessary by your supervisor.
- In accordance with Department of Transportation rules, your supervisor will ask you to make yourself available for drug and alcohol testing.
- Your supervisor will ask you to sign a Consent Form authorizing a drug and alcohol test.
- Proceed to the testing site with your supervisor or designee.
- If you refuse to take a drug or alcohol test, based upon agency policy and the rules and regulations of the Department of Transportation, you will be treated in the same manner as if you had tested positive for drugs and alcohol.
- If you receive medical care, follow agency instructions for filing a Worker's Compensation claim.

**Association of Washington Cities
Drug and Alcohol Testing Consortium**

1076 Franklin Street SE
Olympia WA 98501
(360)753-4137 FAX (360)753-4896

DRAFT ANNUAL SUMMARY FORM

Number of Covered Employees	FHWA	FTA

DRUG TESTING INFORMATION

Type of test	Number of specimens collected	Number of negative specimens	Number of specimens positive for one or more drugs	Number of positive specimens for each drug				
				Marijuana	Cocaine	Phencyclidine	Opiates	Amphetamines
Pre-employment								
Post accident/non-fatal								
Post accident/fatal								
Reasonable Suspicion								
Return to Duty								
Follow-up								

Number of persons denied a position following a positive drug test

Number of employees returned to duty following a positive drug test or refused a drug test

Number of employees who refused to submit to a non-random drug test

Number of supervisors who received reasonable suspicion training

ALCOHOL TESTING INFORMATION

Type of test	Number of screening tests	Number of confirmation tests	Number of Confirmation Tests between .02 and .039	Number of Confirmation tests equal to or greater than .04
Pre-employment				
Post accident/non-fatal				
Post accident/fatal				
Reasonable Suspicion				
Return to Duty				
Follow-up				

Number of employees who engaged in alcohol misuse who were returned to duty in a covered position after complying with SAP recommendations

Number of employees who were administered drug and alcohol tests at the same time resulting in a positive drug test and an alcohol concentration of .04 or greater

Other Alcohol Violations

	Number of Drivers	Action Taken
Driver used alcohol while driving a commercial vehicle		
Driver used alcohol within 4 hours of driving a commercial vehicle		
Driver used alcohol before taking a post accident test		

Number of employees who refused to submit to a non-random alcohol test

Number of supervisors who received reasonable suspicion alcohol training

ATTACHMENT E

Guide to

Dangerous Drugs

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Institute for a Drug-Free Workplace
Washington, DC

Drug (Street Names)

THC or delta-9-tetra-hydrocannabinol (pot, dope, grass, weed, ganja, doobie, reefer, Mary Jane, sinsemilla).

Type of Drug

Marijuana is derived from the hemp plant *Cannabis Sativa*.

Appearance

The marijuana plant generally has an odd number of leaflets per stem. Prepared marijuana is dried, greenish-brown, chopped, and resembles ground oregano.

How Taken

Marijuana is usually smoked in hand-rolled cigarettes, or "joints." It also can be smoked in pipes and "bongs," or ingested in foods such as brownies.

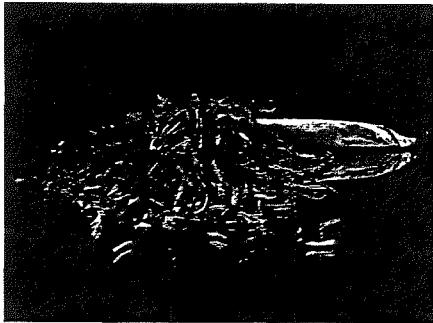
Other Forms

Hashish, the dark-brown resin from the top of the hemp plant, has significantly higher levels of THC, and often is compressed into a variety of forms such as "cakes" or pills.

Hashish Oil, a dark brown liquid extracted from marijuana, can contain as much as 20 percent THC. The oil often is dropped onto commercial cigarettes which are then smoked.

Effects

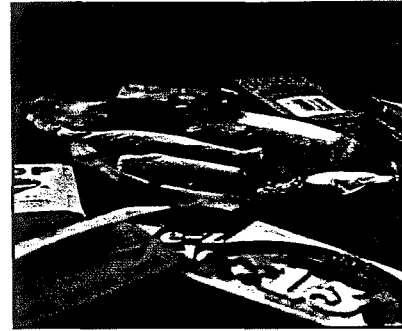
- Euphoric feeling; increased sense of well-being.
- Lack of motivation.
- Lowered inhibitions; talkativeness.
- Dry mouth and throat.
- increased appetite — "munchies."
- Impaired coordination, concentration, and memory.
- Increased heart rate.



Dried, chopped marijuana looks much like oregano.

Dangers

- Deteriorating performance at work or at school.
- "Burn out" involving muddled thinking, acute frustration, depression, and isolation.
- Impaired sexual development and fertility, including production of abnormal sperm and menstrual irregularities.



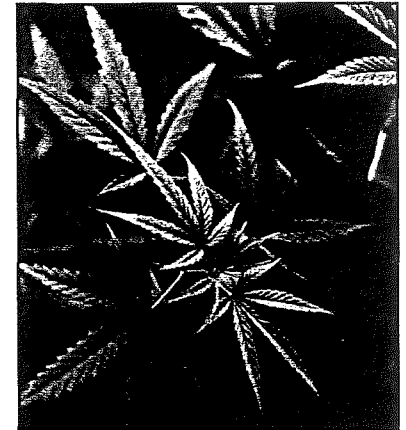
Rolling papers can be bought over the counter.

- Damage to the lungs and pulmonary system (one marijuana joint is equal to approximately 25 commercial cigarettes in this regard).
- Hallucinations and paranoia when used in high doses.
- Increased risk to safety and health as a result of impaired judgment and motor abilities.
- Addiction — Prolonged use of marijuana often results in psychological dependence for the user. Moreover, marijuana is considered a "gateway" drug — casual users of marijuana often become chronic users, or become abusers of "harder" drugs such as cocaine, LSD, and other hallucinogens.

- Tolerance — With continued use, users must smoke larger amounts of marijuana to obtain the same effect or "high."
- Withdrawal — Regular users of marijuana who stop using the drug abruptly often experience insomnia, anxiety, irritability, depression, and/or an intense craving for the drug.

Magnitude of the Problem

According to the most recent U.S. Government-conducted National Household Survey on Drug Abuse, marijuana is the most commonly abused illicit drug — used by more than nine million Americans. Furthermore, only 44.9 percent of those surveyed believed that occasional use of marijuana involved a great risk of harm. In the workplace, almost 10 percent of U.S. workers reported that they were current users of marijuana.



The marijuana plant has an odd number of leaflets per stem.

Drug (Street Names)

Cocaine hydrochloride (coke, blow, snow, nose candy, toot, flake).

Type of Drug

A highly potent organic stimulant derived from the leaves of the coca plant.

Appearance

Cocaine is a white crystalline powder which is sometimes "cut" or diluted with other substances such as sugar.

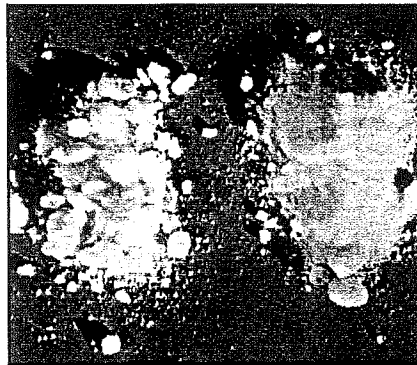
How Taken

Cocaine is usually sniffed or snorted through a tube-like device or straw off of a smooth surface such as glass or a mirror. It is often divided with a razor blade into smaller "lines."

Other Forms

Crack (rock) is an inexpensive, purified form of cocaine which is processed into tiny chips or chunks. Crack is smoked by inhaling the vapors that are given off when the drug is heated. Its effects are felt within 10 seconds, are intensely euphoric, and last approximately 10 to 15 minutes. Crack is extremely addictive both physically and psychologically. Some people show clinical symptoms of addiction after a single use.

Freebase is formed by heating pure cocaine, thereby separating it from its salt base. Mixing and smoking powdered cocaine with ether and sodium bicarbonate is called "freebasing." Freebasing causes a fast, intense high that can produce significant physical and psychological dependence. The high is of short duration (five to 10 minutes) and is most often followed by a severe low, or "crash," creating a strong desire to smoke or snort cocaine again to maintain the desired effect.



Cocaine is a white, crystalline powder.

Effects

- Produces brief but intense feelings of euphoria and competence.
- Stimulates the central nervous system.
- Increases pulse, blood pressure, body temperature, and respiratory rate.
- Dilates the pupils of the eyes.
- Causes extreme excitability and anxiety.



Cocaine is often divided with a razor blade into "lines."

- Produces sleeplessness and chronic fatigue.

Dangers

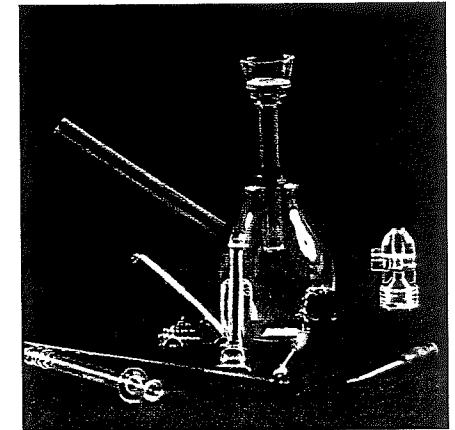
- Bleeding and other damage to nasal passages.
- Paranoid psychosis, hallucinations, and other mental abnormalities.
- Impaired driving ability.
- Death caused by heart or respiratory failure.
- Injury or death caused by fire or explosion when freebasing; freebase is extremely volatile when heated.

• Addiction — Cocaine users often become psychologically and physically dependent on the drug after relatively short periods of use. In many cases, crack use leads to virtual immediate addiction.

• Withdrawal — Withdrawal symptoms from cocaine are not as physically apparent as with many other drugs. The most profound symptom is an intense craving for the drug once use is discontinued. If the craving is not satisfied, the individual may experience irritability, depression, and loss of energy.

Magnitude of the Problem

According to the most recent National Household Survey on Drug Abuse, 1.3 million Americans currently use cocaine. More than 66 percent of these cocaine users are employed by American businesses. Because cocaine is so costly (approximately \$100 per gram), and because it is so addictive, its use is often associated with criminal behavior and significant financial difficulties.



Cocaine paraphernalia includes a variety of pipes, as well as the more common tube and mirror.

Drug (Street Names)

Ethyl alcohol (liquor, cocktails, spirits, booze).

Type of Drug

Alcohol is a depressant which affects the body by slowing down the central nervous system. It is produced through a fermentation process (yeast cells acting upon carbohydrates in grains and fruits).

Appearance

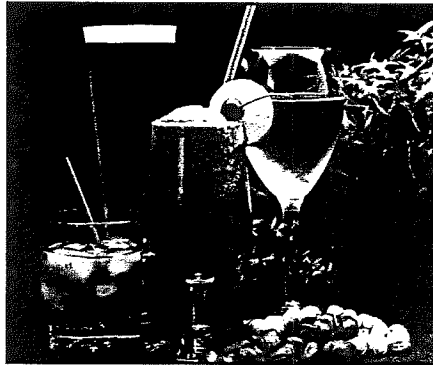
Ethyl alcohol, the psychoactive ingredient in beer, wine, and distilled liquor, is a colorless liquid with a strong, distinctive smell.

How Taken

Beer, wine, and distilled liquor are drunk. Liquor is often mixed with soft drinks, fruit juices, or water. Some cooking recipes include alcohol as an ingredient. A bottle of beer, a glass of wine, and an ounce of liquor all contain approximately the same amount of alcohol.

Effects

- Initially acts as a stimulant, invigorating thought and activity.
- Produces feelings of relaxation, reduced anxiety, lowered inhibitions, and mild euphoria.
- As consumption increases, it often causes aggressive tendencies, progressive stages of sedation, and, in very large quantities, coma.
- Causes reddening of the eyes.
- Impairs the brain's ability to use self-control.
- Impairs memory by disrupting the transfer of information into long-term memory.
- Impairs driving ability by reducing coordination and reflex actions.
- Excessive amounts may cause "hangovers" which include headaches, nausea, dehydration, and unclear thinking.



Although total consumption has decreased in recent years, alcohol remains the number one drug of abuse in America.

Dangers

In moderation, the use of alcohol can be safe. Used in excess, however, alcohol can be very dangerous. Some of these dangers include:

- Blackouts or memory loss lasting from a few minutes up to one or more days.
- Toxic damage to the liver, heart, pancreas, and gastrointestinal tract caused by excessive and continuous consumption.
- Increased susceptibility to disease.
- Cirrhosis of the liver.
- Fatal respiratory or heart failure following excessive use.
- Increased likelihood of injury or death resulting from vehicle accidents.
- Increased risk of miscarriage, premature birth, and fetal alcohol syndrome in pregnant women.
- Addiction — In many cases, alcohol use leads to both physical and psychological dependency. This dependence may be characterized by uncontrollable drinking which many times causes disruption of normal daily behavior and neglect of family and work responsibilities. An alcohol addiction is often defined by what happens when one drinks, rather than by how much one drinks. Alcoholics may drink alone and often find it difficult to stop after one drink.
- Tolerance — With continued use, heavy users of alcohol need to drink more alcohol to achieve the same effect.
- Withdrawal — Alcohol withdrawal can be fatal and often includes sweating heavily, shaking, depression and irritability, vomiting, nausea, auditory or visual hallucinations, coma, and circulatory and heart failure. Withdrawal should be monitored by trained medical professionals.

Magnitude of the Problem

Alcohol, currently used by almost 50 percent of the U.S. population aged 12 and older, is the most commonly abused substance in the United States. Alcohol is estimated to have cost the nation almost \$99 billion in 1990. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), approximately 9.2 million Americans are alcoholics. The NIAAA also estimated that alcohol abuse costs American workplaces \$54.7 billion. Alcohol abusers are reported to have an accident rate 2-4 times higher than that of other workers, and alcoholism causes an estimated 500 million lost workdays per year. According to the most recent National Household Survey on Drug Abuse, more than 70 percent of adolescents aged 13-14 have consumed alcohol by eighth grade.

Drug (Street Names)

There are generally three categories of depressants: (1) benzodiazepines, (2) barbiturates, and (3) methaqualone.

Benzodiazepines: Valium, Librium, Xanax, Serax, Tranxene, Ativan, and Dalmane (tranquilizers, sleeping pills).

Barbiturates: Seconal, Nembutal, Amytal, Butisol, Tuinol, and Phenobarbital (downers, barbs, goofballs, blues, yellows, reds, yellow jackets, devils).

Methaqualone: Quaalude, Hymnal, Mandrax, Parest, and Somnifac (ludes, sopors, 714s).

Type of Drug

Depressants are synthetically produced legal drugs often prescribed by physicians. Their distribution is regulated and controlled by the U.S. Food and Drug Administration.

Appearance

Depressants are generally packaged as pills or capsules of varying colors, shapes, and sizes.

How Taken

Depressants usually are taken orally, but sometimes are injected directly into the bloodstream.

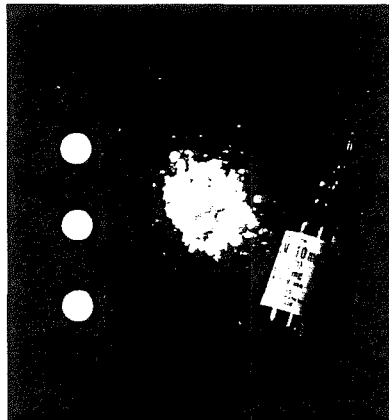
Effects

When taken in small doses as prescribed for medical purposes, depressants can be effective in producing sedation and/or sleep, and for relief of tension, anxiety, and irritability. Larger doses, however, may result in confusion, slurred speech, depression, lack of coordination, loss of motor control, and disorientation.

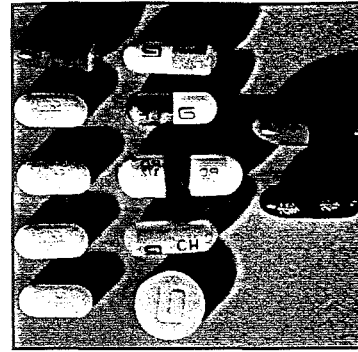
Dangers

When taken over long periods of time, or in excessive doses, depressants can become potentially harmful and dangerous. Depressants are particularly dangerous when used, even in small amounts, with alcohol. Other dangers include:

- Impaired judgment and driving ability.
- Loss of motor control and coordination.



Depressants are particularly dangerous when used in combination with alcohol.



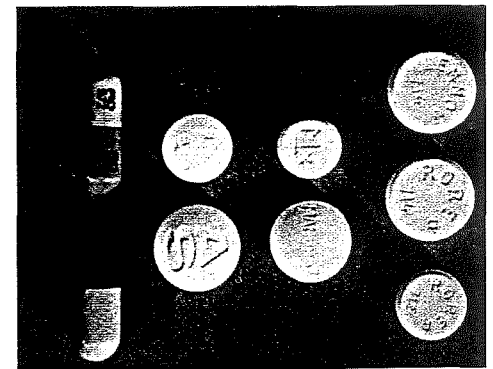
Barbiturates are often called "barbs," "downers," and "yellow jackets."

- Drug poisoning indicated by coma, cold, clammy skin, and weak pulse. Without proper medical attention and treatment, abuse of depressants can be fatal.
- Suicide: Depressants often play a major role in the erratic personal behavior that can lead to suicide.
- **Addiction** — Depressants are highly addictive, both physically and psychologically. Because depressants are prescribed medications, many people become addicted without even realizing it. Most abusers do not take the drug to get high. They take "their pills" simply to cope or to get through the day or night.

- **Tolerance** — With continued use, tolerance to the drug(s) develops and the person needs larger and larger doses to achieve the same effect.
- **Withdrawal** — When regular users stop using the drug(s), they often experience extremely severe withdrawal symptoms which include loss of appetite, anxiety, nausea, increased heart rate, trembling, abdominal cramps, convulsions, and possible death. For some depressants, withdrawal symptoms may not peak until the seventh or eighth day of abstinence. Detoxification and treatment must occur under close medical supervision.

Magnitude of the Problem

Depressants are legally manufactured controlled substances that are often prescribed by physicians for anxiety or sleeplessness. Depressants comprise the largest and most commonly abused category of controlled substances, and barbiturates are the most commonly prescribed class of depressants. They are often taken with amphetamines because the barbiturates tend to enhance the euphoric effect while at the same time calming the stimulant effects of the amphetamines. The impact of depressant abuse on the workplace is substantial, particularly on people in highly stressful or demanding positions.



Methaqualones are one type of depressant.

Drug (Street Names)

Amphetamines include drugs such as Dexedrine, Biphetamine, Ritalin, Preludin, and Methedrine (speed, uppers, bennies, dexies, black beauties, and pep pills).

Type of Drug

Amphetamines are chemically manufactured drugs which stimulate the central nervous system.

Appearance

Amphetamines come in the form of capsules, pills, or tablets.

How Taken

Amphetamines can be swallowed, injected, or inhaled into the nose.

Other Forms

Methamphetamine (ice, crank, crystal, meth, chalk) — Methamphetamine is a stimulant and a derivative of amphetamines. It has similar effects on the central nervous system, but enters the brain much more quickly than other amphetamines and is therefore highly addictive. "Meth" comes in several forms (white powder, pills, and crystal-like "rock"), and can be swallowed, injected, inhaled, or smoked (ice). As with most drugs, the name used varies depending on the physical form, the geographical area, and the local drug culture.

"Diet pills," or anorectics, are a mild form of amphetamines and are subject to abuse, particularly by teenage women.

Caffeine found in coffee and colas is a mild stimulant, although it can be addictive.

Effects

- Produces feelings of alertness and euphoria.
- Increases heart rate and blood pressure.
- Dilates the pupils of the eyes.
- Decreases appetite.
- Enables the user to go without sleep for relatively long periods of time.
- Causes distorted thinking.

Dangers

- Dizziness, headaches, blurred vision, and sweating.



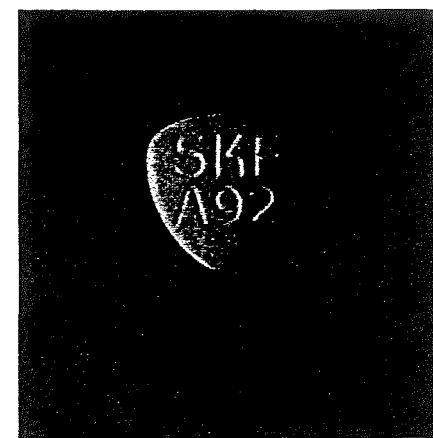
Ice, a rock form of methamphetamine, is smoked.

- Loss of coordination, tremors, convulsions, and physical collapse.
- Anorexia and malnutrition resulting from decreased appetite.
- Sudden blood pressure increases from injections resulting in fever, stroke, or heart failure.
- Nervousness, irritability, and drastic mood swings.
- Hallucinations, paranoia, physical collapse, and brain deterioration; overdose or continued heavy use can be fatal.

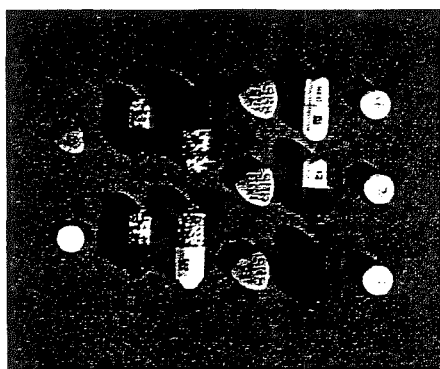
- Addiction — Amphetamines are addictive both physically and psychologically. Following the use of amphetamines, many users experience a "crash" which is often counteracted by taking more of the drug, creating an increasingly difficult pattern to break.
- Tolerance — As use becomes more frequent, higher and higher doses are needed to attain the same level of exhilaration.
- Withdrawal — Withdrawal from amphetamines can be difficult given the aftereffects of using the drug which include fatigue, anxiety, severe abdominal cramping, and depression. Confusion and memory loss often continue for up to a year. Withdrawal should be medically supervised, and is often aided by psychiatric treatment.

Magnitude of the Problem

Stimulants are legally manufactured but are often illegally distributed through various forms of criminal activity. Because of widespread availability, amphetamines are subject to high degrees of abuse. This problem is exacerbated by the misuse of legally prescribed stimulants. Some workers believe — inaccurately — that stimulants will enhance performance and creativity, and therefore they ignore the physical and mental dangers.



Amphetamines are highly addictive both physically and psychologically.



Amphetamines come in the form of capsules, pills, or tablets.

Drug (Street Names)

Opiates generally fall into one of three categories:

Heroin (smack, junk, brown sugar, dope, horse, skunk).

Morphine (mud, M, dope, morpho).

Codeine (schoolboy, coties).

Type of Drug

Opiates, derived from the resin of the poppy plant, depress the central nervous system. Morphine and codeine are often legally prescribed for the relief of pain.

Appearance

Heroin is a powder which varies in color from white to dark brown.

Morphine can be packaged in the form of white crystals, tablets, or an injectable liquid.

Codeine may be a dark liquid varying in thickness, or may come in the form of capsules or tablets.

How Taken

Heroin can be injected ("mainlining"), snorted, or smoked. Codeine and morphine are usually injected or taken orally.

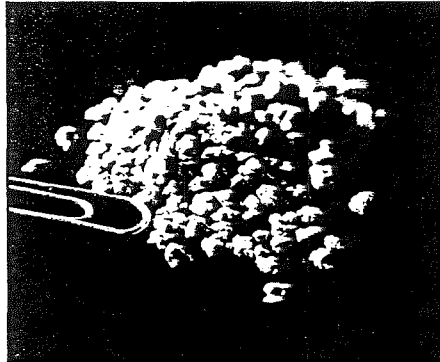
Other Forms

Opioids, synthetic substitutes for opiates, are not chemically derived from opium but have similar effects. They include Darvon, Demerol, Meperidine, and Methadone. Methadone is legally prescribed for the treatment of heroin addiction, but also can cause tolerance and dependency.

Effects

The physical effects of opiates depend on the opiate used, the dose, and how the drug is taken. Effects may include:

- Short-lived state of euphoria, followed by drowsiness.
- Slowed heart rate, breathing, and brain activity.
- Depressed appetite, thirst, reflexes, and sexual desire.
- Increased tolerance for pain.



Heroin varies in color from white to dark brown.



Morphine is often an injectable liquid.

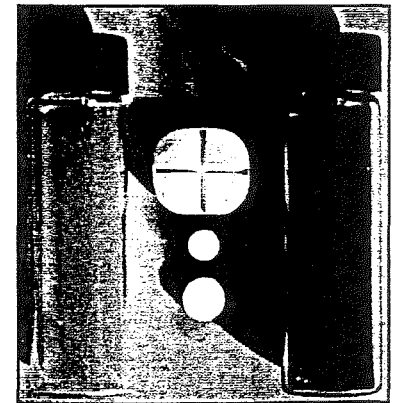
Dangers

- AIDS, blood poisoning, and hepatitis as the result of drug injection and use of unsterilized or "shared" needles.
- Death resulting from the injection of impure heroin.
- Death resulting from an unexpectedly high purity of the drug.
- Convulsions, coma, or death from overdose.

- Addiction — Opiates, particularly heroin, have an unusually high potential for abuse and addiction. Heroin addiction often leads to malnutrition, infection, and unattended injuries and diseases. Addicts tend to continue using the drug despite damaging physical and psychological consequences.
- Tolerance — In a relatively short period of time, opiate use induces tolerance — the need for more of the drug to obtain the same effect.
- Withdrawal — Following long-time or heavy use, withdrawal symptoms generally appear 4-8 hours after the last dose. Symptoms include chills, sweating, runny nose, irritability, insomnia, and tremors. These symptoms are usually worse 24-72 hours after onset, and can last from seven to 10 days.

Magnitude of the Problem

According to the National Household Survey on Drug Abuse, 1.8 million Americans have used heroin in their lifetime, and heroin use is now on the increase after years of decline. The Drug Abuse Warning Network reports that the incidence of heroin-related emergency-room visits increased 44 percent between the first half of 1992 and the first half of 1993. Heroin accounts for more than 90 percent of the opiate abuse in the United States. As AIDS has become more of a concern, the frequency of snorting or smoking heroin — rather than injecting it — has increased.



Methadone is an opioid, or synthetic substitute for opiates.

Drug (Street Names)

Common inhalants include plastic cement, fingernail polish remover, lighter fluid, nitrous oxide, ether, hair spray, insecticides, and cleaning fluid (snappers, poppers, locker room, rush, moon gas, whip-its, medusa).

Type of Drug

Inhalants are breathable substances that produce psychoactive (mind-altering) effects, and include substances such as solvents, aerosols, some anesthetics, and amyl and butyl nitrite.

How Taken

Inhaled into the nose or mouth.

Effects

Short term: Initially a very short-lived high which includes dizziness and light-headedness. Further use can cause sneezing, coughing, runny nose, nose bleeds, nausea, abnormal heart rhythm, and chest pains. Also causes impaired coordination, balance, and judgement.

Long term: Liver, nerve, and brain damage; heart failure, respiratory arrest, suffocation, coma, and death.

Dangers

- Death results when high concentrations of the inhalant replace oxygen in the lungs, suppressing the central nervous system to the extent that breathing stops.
- Brain damage from prolonged use.
- **Tolerance** — Over time, users must inhale more and more of the substance to obtain the same effects.
- **Withdrawal** — Symptoms of withdrawal include anxiety, agitation, antisocial behavior, depression, confusion, and delusions.



Inhalants are most popular among young people.

Magnitude of the Problem:

The majority of inhalants are common household and workplace products which are readily available, inexpensive, and therefore easy to abuse — even for preteens and younger children. The percentage of high school students who reported using inhalants at least once climbed to 19.4 percent in 1993 making inhalants the most widely abused substances after alcohol and tobacco among this age group. Although the use of inhalants tends to decline with age, 1.3 percent of adults aged 17 years and older reported current use of inhalants in 1992.

Type of Drug

Hallucinogens, or psychedelics, are drugs which distort a person's sensations, thinking, emotions, and perceptions.

PCP

Phencyclidine (PCP) is a synthetic drug which also is known as angel dust, rocket fuel, animal tranquilizer, zombie, krystal joints, and love. PCP may be prepared as a white crystalline powder or in clear liquid form. Both powdered PCP and liquid PCP, a highly potent form of the drug, can be sprinkled on parsley or marijuana (krystal joints) and eaten or smoked. Commercial cigarettes also can be dipped into liquid PCP.

The effects of PCP include: (1) altered states of consciousness; (2) disorientation, confusion, and memory loss; (3) highly unpredictable, and sometimes bizarre or even violent behavior; (4) extreme agitation; (5) impaired driving ability; and (6) increased tolerance for pain.

Even short-term use of PCP can be particularly dangerous causing mental changes resembling schizophrenia, severe depression, loss of learning abilities and violent and other "intoxicated" behaviors resulting in bodily harm or death.

Physical dependence on PCP has been documented and may be accompanied by memory loss, violence, weight loss, and paranoia. Symptoms of withdrawal include headaches, intense cravings for the drug, increased need for sleep, and "flashbacks" for a period of years.

LSD

LSD (lysergic acid diethylamide) is made from lysergic acid which is found in ergot, a fungus which grows on rye and other grains. LSD is also called acid, fry, microdot, white lightening, and green or red dragon. It is odorless, colorless, and tasteless, and is usually sold in tablet or capsule form, on thin squares of gelatin (window panes), or on small squares of paper (blotter acid), often featuring various cartoon images.

ECSTASY

Ecstasy, or MDMA (methylenedioxy methamphetamine), usually comes in the form of tablets or capsules and produces feelings similar to those of LSD without the hallucinations. It also increases visual and acoustic sensory perception, as well as heightening one's sense of well-being. Slang terms for ecstasy include X, XTC, disco biscuits, and scobie snacks. Use of the drug often is associated with "rave" parties ("underground" dance parties in warehouses at which no alcohol is served but ecstasy is used). Numerous cases of over-exertion, followed by heart failure, convulsions, and/or death have been reported.

PSILOCYBIN

Psilocybin is the active ingredient in the psilocybe mushroom and is chemically similar to LSD. "Magic mushrooms" or "shrooms" can be eaten in their organic form or may come in powder or liquid forms. Psilocybin now can be produced synthetically.

PEYOTE AND MescalINE

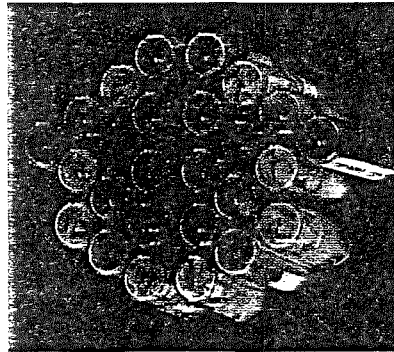
Mescaline is the primary active ingredient of the peyote cactus. Mescaline is produced as a powder, capsules, or liquid and, therefore, may be inhaled, taken orally, or injected. It also may be eaten in the form of "mesal buttons" which are the brown, dried crowns of the cactus. Mescaline can be produced synthetically, and a dose of 350 to 500 mg can produce hallucinations lasting from five to twelve hours.

Effects of Hallucinogens

- Distortion of reality — user may report "seeing sounds" and "hearing colors."
- Numbness and/or a sense of detachment from one's surroundings.
- Delusions and hallucinations.
- Extreme sense of happiness and excitedness.

Dangers

- "Bad Trips" — Unpleasant psychological reactions to hallucinogens are common and include feelings of panic, confusion, suspiciousness, anxiety, and loss of control.
- Flashbacks — The user may experience a recurrence of psychedelic effects long after use of the drug ceases.
- Severe mood swings and paranoia.
- Impaired thinking and judgment leading to irrational behavior and accidents.
- Unexpected and unexplained outbursts of violence.
- Genetic changes.
- Depression, sometimes coupled with suicidal tendencies.



LSD, often called acid, comes in several forms.

Magnitude of the Problem

Unlike the downward trends in use of most other illicit drugs, results from the National Household Survey on Drug Abuse indicate that the use of, and experimentation with, hallucinogens, particularly PCP and LSD, has increased significantly over the past two years, especially among high school and college students.