

ENLOE MEDICAL CENTER

DRUGS / ALCOHOL IN THE WORKPLACE

POLICY STATEMENT:

It is the right, obligation and intent of Enloe Medical Center to maintain a safe and healthful working environment for all of its employees and deliver services to its patients and the public in a safe and conscientious manner. The unlawful manufacture, distribution, dispensation, possession, transportation, diversion, or use of a controlled substance on medical center property or while conducting medical center business off medical center property is prohibited.

While Enloe Medical Center recognizes drug or alcohol abuse as a health and safety risk, the medical center also recognizes drug or alcohol dependency as an illness and a major health problem. Enloe Medical Center has established channels to assist employees seeking counseling and treatment for drug or alcohol use or abuse.

DRUG AWARENESS PROGRAM:

Enloe Medical Center will educate employees regarding drug and alcohol use. The Employee Assistance Program is available to provide inservice programs to employees. In addition, the Employee Assistance Program will make information available regarding the dangers of drug and alcohol use and abuse in the workplace to any employee who wishes such information.

ASSISTANCE IN OVERCOMING DRUG OR ALCOHOL USE OR ABUSE:

Enloe Medical Center supports sound treatment efforts. Whenever feasible, and subject to the limitations described here, Enloe Medical Center may choose to assist employees in overcoming drug or alcohol use or abuse. When a potential substance abuse problem affects the employee's fitness for duty, it is the employee's responsibility to make their need for help known to the medical center. Employees are also encouraged to assist their co-workers by informing the department manager of any concerns they may have regarding potential substance abuse or any violation of this policy.

Enloe Medical Center may choose to assist employees with a substance abuse problem, by referring them to the Employee Assistance Program. Services include: counseling through the Employee Assistance Program, appropriate referrals, and benefits available under the group medical insurance plan (subject to the terms and conditions of the plan). Additionally, certain circumstances may involve granting leaves of absence and other time off, as necessary, to reasonably accommodate treatment.

If offered assistance, the employee will be required to consult with the Employee Assistance Program for evaluation and appropriate referral for treatment. A treatment and a "re-entry" contract may be made a condition of continued employment. If an employee fails to abide by the conditions of the re-entry contract, employment will be terminated. Additionally, refusal to submit to alcohol/drug testing when requested may result in termination of employment. Termination of employment, as a result of a violation of this policy, may be reported to the appropriate state licensing and/or law enforcement agencies, as necessary.

Although assistance may be offered to an employee, it is not guaranteed. The offer of assistance for substance abuse problems is at the discretion of the medical center. It must be remembered that violation of this policy may result in immediate termination of employment.

DRUG AND ALCOHOL PROHIBITIONS:

The following are prohibited by Enloe Medical Center when occurring on the job (see Definitions):

1. Unjustified possession or being under the influence of alcohol.
2. Unjustified possession, use, or being under the influence of a controlled substance, except:
 - a. When under, and in strict accordance with a physician's direction.
 - b. When such use will not cause a significant risk of substantial harm to the employee or others and/or impair the employee's ability to perform the essential functions of his/her job.
3. Use or being under the influence of other drugs, including prescription drugs and over-the-counter drugs where there is any possibility that such use may impair the employee's ability to safely perform his/her job or may adversely affect his/her safety and patient care or the safety of other employees.
4. Testing positive for illegal drugs, or controlled substances without a legal basis for use.
5. Arranging for and/or participating in the illegal distribution, sale, diversion, or purchase of a controlled substance.
6. Refusing to consent to testing or refusing to submit a urine and/or blood sample for testing when required by a medical center representative.
7. Failing, when requested by the medical center, to enroll in any alcohol or other drug treatment or counseling program and failing to adhere to the requirements of the program.

Employees violating the above prohibitions are subject to disciplinary action, including termination, and may face criminal prosecution and/or reporting to professional licensing boards.

Any employee convicted on a charge of illegal possession, use, transportation, transfer, distribution, purchase, or sale of any controlled substance, while off medical center property and off duty, may be subject to discipline, up to and including termination, where the medical center concludes that the conviction or the conduct leading to the conviction adversely impacts medical center operations. In addition, the medical center may impose discipline up to and including termination for such off-duty conduct in the absence of a conviction where the medical center has reasonable evidence of the conduct and the medical center concludes that such conduct adversely effects medical center operations.

INSPECTIONS:

To assist in the enforcement of this policy, the medical center reserves the right to inspect employees, as well as any articles and property in their possession. The medical center also reserves the right to

inspect lockers, desks, packages and objects brought onto medical center property that might conceal alcohol, drugs and/or other inappropriate materials.

DRUG AND ALCOHOL TESTING:

Enloe Medical Center has established a testing program for drugs and alcohol and will, in its sole discretion, determine and may at any time change the requirements, extent, and frequency of employee testing. The employer will assume the expenses arising from the testing.

Applicants and employees, prior to testing, shall sign the **Reasonable Suspicion Observation Form (Appendix A)**. The authorization form is to allow the tester to disclose the results to the employer. This authorization form is also to allow the employer to disclose the results to any physician that the employer may consult, or any other person who has a strict business or legal necessity to know. Applicants and employees, prior to testing, shall also sign a **Consent and Release Form for Drug and Alcohol Testing (Appendix B)**. The Consent and Release Form represents consent to testing and release of any legal responsibilities that may arise from the testing.

Applicants or employees who fail to cooperate with testing, or refuse to sign a testing authorization form, or refuse to sign a consent and release form, will not be offered employment or will be terminated, absent justification.

The applicant or employee tested will be informed of the negative or positive status of the test results. The results will be kept in a confidential file separate from files on other personnel information. The test results will be disclosed only to those with strict business or legal necessity to know, or upon compulsion of law.

APPLICANT:

Drug or alcohol testing of applicants will be conducted as follows:

Enloe Medical Center will test all applicants following the employment offer and before beginning work. The applicant's time in undertaking the test will not be paid as hours worked.

All applicants will be given advance notice by the Human Resources Department at the time of application that conditional offer drug testing will occur. Any applicant who refuses to take the test will not be offered employment with Enloe Medical Center. Information of a previous positive conditional offer drug or alcohol test may be considered in any future submission of an application.

EMPLOYEES:

Drug or alcohol testing of employees may be conducted under any of the following circumstances:

When a supervisor has a reasonable suspicion (see Definitions) that an employee is under the influence of any drugs or alcohol, the grounds for reasonable suspicion must be documented.

When an employee is found in possession of alcohol or drugs in violation of this policy or when such alcohol or drugs are found in an area controlled or used by the employee.

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Following an accident where the nature indicates possible impairment of ability or judgment or

following an incident in which safety precautions were violated or careless acts were performed.

As part of a re-entry contract to confirm an employee’s successful participation in chemical dependency treatment, the employee’s time in undertaking the test will be paid as hours worked. The employee, following the test, shall not return to work until instructed by the supervisor.

DEFINITIONS:

1. **Controlled Substance:**

For the purpose of this policy, controlled substance includes all chemical substances or drugs listed in any controlled substances acts or regulations applicable under any federal, state, or local laws, and any other substances, which impairs an employee's ability to work.

2. **On the Job:**

For the purposes of this policy, employees are considered on the job whenever they are:

- a. On Enloe property, including parking lots, during hours of duty.
- b. Driving or riding as a passenger in a medical center vehicle, in the performance of work duties.
- c. Conducting medical center business at a location other than on medical center property, excluding attendance at medical center social functions.
- d. Scheduled for on-call status.

3. **Reasonable Suspicion:**

Reasonable suspicion means suspicion based on specific facts, and inferences drawn from those facts, which would lead a reasonable person to believe that an individual may be under the influence of drugs and/or alcohol or has violated this policy in any way.

REFERENCES:

REVIEW AND APPROVALS:

Original Date:	11/91
Revised/Reviewed:	01/96, 09/99, 3/04, 09/07
Approved by: Director of Human Resources	
Carol Linscheid	4/01/08
VICE PRESIDENT, HUMAN RESOURCES	Date
Connie Rowe, RN	4/08/08
NURSE EXECUTIVE, VICE PRESIDENT, NURSING SERVICES	Date

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Part II
REASONABLE SUSPICION
ALCOHOL/DRUG TESTING PROTOCOL

ALCOHOL/DRUG TESTING PROTOCOL

1. Supervisor (or designee) suspects employee is under the influence of a chemical substance (See: "reasonable suspicion" definition). Supervisor documents his or her observations, utilizing the following tools (except in an emergency).
 - A. Reasonable Suspicion Observation Form (see Appendix A). This measure addresses immediate, observable behaviors and long-term behavior patterns.
 - B. If "reasonable suspicion" determination is problematic, consultation with the Vice President, Human Resources is recommended.
2. Employee Health or Administrative Supervisor will be notified of probable confrontation of employee with regard to suspicion of drug or alcohol use.
3. Supervisor (or designee) removes employee from work area to private location to conduct interview with a manager, Employee Health or the Nursing Administrative Supervisor present. **DO NOT LEAVE THE EMPLOYEE UNATTENDED.**
4. Supervisor tells employee of possible violations of the medical center policy and gives employee reasons for suspicion.
5. Provide the employee an opportunity to tell his or her side of the story. If reasonable suspicion still exists, inform him or her that, based on your observations, it appears that his or her performance may have been impaired and/or the drug/alcohol policy may have been violated. Inform him or her that medical center policy requires either a blood test for blood alcohol level or urine sample for drug screening. Obtain employee's signature on both the Authorization Form and the Consent and Release Form. Explain that refusal will lead to disciplinary action, up to and including termination of employment. Additionally, the appropriate state licensing and/or law enforcement agencies will be contacted, as necessary.
6. Employee Health/Nursing Administrative Supervisor will confirm that the employee understands the reason for the testing and proceeds with the signing of the consents.
7. Employee Health/Nursing Administrative Supervisor will notify the laboratory for the lab draw and complete the chain of custody paperwork, per direction of the facility doing the testing.
 - A. The lab tech will require a miscellaneous lab slip, with employee identification in place, and a visual of the signed consent from the employee.
8. When both specimens have been obtained, return the employee to their manager/nursing administrative supervisor for an arranged ride home.
9. The sealed urine and chain of custody paperwork will be delivered to the laboratory.

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Appendix A

REASONABLE SUSPICION OBSERVATION FORM
(STRICTLY CONFIDENTIAL)

EMPLOYEE NAME

DATE OF FORM COMPLETION

Supervisor #1 Name

Supervisor #2 Name

This checklist is to be completed when a supervisor seeks to determine if reasonable suspicion exists that an employee has violated Enloe’s Drugs/Alcohol in the Workplace policy. The supervisor(s) note all pertinent behavior and physical signs or symptoms, which lead someone to reasonably believe that a violation of the policy has occurred. Circle each applicable item on this form. Attach any additional facts or circumstances, which you have documented, including dates and times, as appropriate. Submit all documentation to the Vice President, Human Resources.

NATURE OF INCIDENT / CAUSE FOR SUSPICION

1. Observed / reported possession or use of a prohibited substance.
2. Apparent drug or alcohol intoxication.
3. Observed abnormal or erratic behavior.
4. Conviction for drug-related offense.
5. Evidence of tampering on a previous drug test.
6. Deterioration of job performance.
7. Medication diversion.
8. Other (e.g., violation of safety regulations, misconduct, fighting or argumentative, abusive language, refusal of supervisory instruction, unauthorized absence on the job). Please specify:

UNUSUAL BEHAVIOR

1. Verbal abuse.
2. Physical abuse.
3. Extreme aggression or agitation.
4. Withdrawal, depression, mood changes, or unresponsiveness.
5. Inappropriate verbal response to questioning or instruction.
6. Other erratic or inappropriate behavior (e.g., hallucination, disorientation, excessive euphoria, confusion). Please specify:

PHYSICAL SIGNS OR SYMPTOMS

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

BEHAVIORAL PATTERNS

1. Repeated absences, particularly if absences follow a pattern.
2. Frequent absence from work area.
3. Frequently coming in late and / or leaving early.
4. Alternate periods of high and low productivity.
5. Complaints from patients, co-workers or visitors.
6. Making poor decisions or using poor judgment.
7. An increase in errors, forgetfulness, and difficulty following instruction.
8. Accidents related to an apparent lack of concentration.
9. Over-reaction to real or imagined criticism.
10. Failure to take responsibility and blaming of others for problems.
11. Changes in frequency of interaction with others (increased / decreased).
12. Frequently volunteers to give medications.
13. Volunteers to work additional shifts or comes to work when not scheduled.
14. Patient complaints of no pain relief with discrepancies in records.
15. Has frequent and / or unobserved wastage of medication.
16. Frequently provides higher medication dosage relative to other shifts.

Appendix B

CONSENT AND RELEASE FORM FOR DRUG AND ALCOHOL TESTING

Consent to Test:

I consent to being tested, at both of the following times, for presence of drugs or alcohol in my body:

- 1. Following the offer of employment, but before beginning work.**
- 2. Upon reasonable suspicion that I may be, during employment, under the influence of drugs or alcohol.**

Release:

I release my employer and employer’s agents, employees, officers, directors, attorneys, partners, assigns, successors, joint ventures, affiliated persons and organizations, and drug and alcohol tester (A Release Parties@), from all liabilities, causes of action, chargers, complaints, claims, obligations, costs, losses, damages, injuries, attorney’s fees, penalties, fines, and all other legal responsibilities of any form whatsoever, arising from my testing for drugs or alcohol in my body.

Date/Time

SIGNATURE OF EMPLOYEE/APPLICANT

Date/Time

WITNESS SIGNATURE

AUTHORIZATION FORM FOR MEDICAL INFORMATION DISCLOSURE

A. **EXPLANATION** - This authorization for use or disclosure of medical information is being requested to comply with the terms of the Confidentiality of Medical Information Act of 1981, Section 56, et. seq., California Civil Code.

B. **DISCLOSURE BY TESTER** - I hereby authorize Enloe Medical Center to furnish to **Employee Health Services/Human Resources/Employee Assistance Program** medical records and information pertaining to my medical history, my mental or physical condition, services rendered to me, or treatment of me. This authorization is limited to the following medical records and type of information: Any medical information that may affect my ability to perform my job or affect my qualifications for employment, including, but not limited to the results of testing for the presence of drugs or alcohol.

DISCLOSURE BY MY EMPLOYER - I authorize my employer to disclose to any person who has a strict business or legal need to know, for limited purpose of seeking medical explanation, advice, or both, regarding the results of my drug and alcohol test and any of my medical information reasonably necessary to understand that test, for my employer’s use in learning whether I have alcohol or unjustified drugs in my body, or for my employer’s use in seeking legal advice.

C. **USES** - The medical records and medical information so disclosed may be used by the **Employee Health Services/Human Resources/Employee Assistance Program** only to determine my ability to perform my job or my qualifications for employment or continued employment.

D. **DURATION** - This authorization shall become effective immediately and shall remain in effect throughout the duration of my employment with Enloe Medical Center.

E. **RESTRICTIONS** - I understand that **Employee Health Services/Human Resources/Employee Assistance Program** may not further use or disclose the medical information, unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

F. **ADDITIONAL COPY** - I further understand that I have a right to receive a copy of this authorization upon my request.

Copy requested and received: Yes No Initial _____

Date/Time

Employee/Applicant Signature

Date/Time

Witness Signature

Note: This form must be in at least eight-point type.

DRUG ALCOHOL TESTING FLOW CHART

