

**Greater Albany SD 8J**  
**Administrative Regulation**

Code: **GBEC-AR**  
Revised: 6/23/08

**Alcohol/Controlled Substance Use**

The Board believes we have a responsibility to our students, employees, volunteers, and families, for whom we provide service and the general public to ensure a healthy environment and safe operating and working conditions. To satisfy these responsibilities, we must establish a work environment where employees are free from the effects of drugs, alcohol, or other impairing substances. Accordingly, the district has adopted policy outlining such prohibited conduct that will subject an employee to immediate discipline, up to and including termination.

**1. Reasonable Suspicion**

- a. When the district has reasonable suspicion that an employee is in violation of this policy, the employee may be required to submit to testing to determine the presence or use of any involvement with alcohol or drugs. The employee will have an opportunity to consult with representation. The district recommends that any employee who observes, or is informed, and who has a reasonable suspicion that the impaired work ability of another employee exists due to drugs or alcohol, or observes another employee in the use or possession of drugs or alcohol, shall immediately notify that employee's supervisor.
- b. For purposes of this policy "reasonable suspicion" may include, but is not limited to, observance of:
  - (1) Reasonable specific contemporaneous, articulate observation made by a supervisor concerning appearance, behavior, speech, or body odors indicative of employee use of drugs or alcohol, such as erratic job performance that includes slurred speech and/or stumbling;
  - (2) Any eye-witness report to a supervisor of an employee's use or possession of illegal drugs or alcohol; or
  - (3) Any other evidence of drug or alcohol use, such as containers, paraphernalia, or residue that is determined to be property of the employee.
  - (4) Is responsible for a significant work-related accident where there is property damage or an injury to the district employee or another individual.
  - (5) Repeated patterns of job performance problems such as absenteeism, frequent accidents, tardiness, workplace conflicts, and/or anger outbursts may be indicators of abuse.
- c. Alcohol and/or drug testing may be authorized only after observations resulting in reasonable suspicion during the period of work hours that the employee is required to be in compliance with this policy within 15 minutes before, or anytime an employee is on district property.
- d. A confidential written record submitted to the Human Resources Director shall be made of the observations leading to a reasonable suspicion of drug or alcohol test and signed by the supervisor making the observation within 24 hours (see Appendix A). A district administrator

trained by a Substance Abuse Professional (SAP) will consult with the supervisor and make a final decision whether the employee is referred to be tested.

- e. The district will ensure that the employee under reasonable suspicion is transported to the designated collection or testing site.
- f. Failure to give consent to such drug and alcohol testing, failure to provide samples, or contaminating or tampering with the test sample, will be grounds for discipline up to and including termination. An opportunity to consult with representation will be provided.

## 2. **Post Accident**

- a. Any employee responsible for a significant work-related accident or incident that causes injury to any employee necessitating medical care and treatment, including subject employee, or causes property damage, shall notify the employee's supervisory or designee no later than two hours, or as soon as practicable, following the accident.
- b. Drug and alcohol testing shall occur as soon as practicable, considering the need for medical care for the persons injured, including the employee, following the accident.
- c. The district will ensure that the employee is transported to the designated testing site.
- d. Failure to give consent to such drug and alcohol testing, failure to provide samples, or contaminating or tampering with the test sample, will be grounds for discipline up to and including termination. An opportunity to consult with representation will be provided.
- e. The employee shall remain available for testing and failure to do so will be treated as a refusal to test. However, it is understood that this requirement shall not be construed to hinder or delay necessary medical care for persons injured, including the employee, following the accident.

## 3. **Return to Duty Testing**

Employees, if they continue employment after having tested positive shall comply with the following:

- a. If the tests are positive, an employee will be required to participate in all recommended treatment, continuing care, and programs as determined by the SAP designated by the district, including a leave of absence granted for rehabilitation.
- b. Upon successful completion of all or part of these required programs and a negative return to work drug or alcohol test, the employee may be released to resume work, but must agree to unannounced and follow-up testing at the employer's determination of reasonable suspicion for up to 24 months after being returned to work. A specimen that fails the tests of integrity (e.g., specific gravity), will result in the employee's immediate unpaid suspension until an acceptable specimen is produced.
- c. An additional testing required after a "failed integrity" will be at the employee's expense. Positive results on any employer requested test after return to work may result in discharge.

## 4. **Drug and Alcohol Collection and Testing Procedures**

These procedures will be performed by certified laboratory medical technologists/technicians as designated by the district.

- a. Drug Testing: The employee will provide at the designated laboratory a urine sample. A “split sample” is collected and initial testing is performed on one specimen. Employees may request a split specimen retest within 72 hours of being notified of a positive drug test result. Retesting costs will be at the employee’s expense.
- b. Alcohol Testing: The employee will submit to a breath alcohol test at the designated facility. If alcohol is detected, a second confirmation test is administered at least 15 minutes, but no longer than 20 minutes, after the initial test.
- c. Medical Review: All positive tests will first be reviewed by a Medical Review Officer (MRO). The MRO is defined as a licensed medical doctor or osteopathic physician designated by the district to monitor, interpret, verify, and report drug testing results.

**5. Consequence of Drug or Alcohol Policy Violation**

- a. Employees who violate this policy and have a positive test for an illegal drug or controlled substance or alcohol may be disciplined up to and including termination.
- b. Employees who are suspected of violating this policy will be suspended with pay pending the results of drug or alcohol testing.
  - (1) If the results are negative, the district will immediately return the employee to work.
  - (2) If the results are positive, the employee may be offered the opportunity, at the district’s discretion, to sign a Return to Work Agreement (See Appendix B), and meet with an SAP designated by the district or be subject to discipline up to and including termination. Refusal to sign a Return to Work Agreement and/or failure to complete the assessment and treatment recommendations of the SAP will result in termination.
- c. Sick leave, if available, may be used to attend treatment according to contract.
- d. SAP as referred to herein may include:
  - (1) Licensed physicians with knowledge of and clinical experience in the diagnosis and treatment of alcohol-related disorders;
  - (2) Licensed or certified psychologists, social workers, or employee assistant professionals with like knowledge; or
  - (3) Alcohol and drug abuse counselors certified by the National Association of Alcoholism and Drug Abuse Counselors. This does not include state-certified counselors.
- e. Employees choosing to participate in an assessment and treatment program must cooperate with the SAP designated by the district and follows the recommendations in order to return to work. The employee is required to authorize disclosure of information, from the SAP to the district, throughout the duration of the treatment plan, regarding adherence with treatment recommendations. If the employee refuses to sign such consent or revokes previously signed consent, they will be considered to have failed to complete the assessment and treatment plan.
- f. Employee insurance benefits, if available, may cover some of the costs for assessment and treatment for eligible employees. However, costs not covered by insurance are the sole responsibility of the employee.

## 5. **Employee Education and Assistance**

Any employee who voluntarily requests assistance in dealing with a personal drug/or alcohol problem may do so through the Employee Assistance Program without jeopardizing their employment as long as this assistance is sought before work performance has deteriorated or disciplinary problems have begun.

- a. The Employee Assistance Program's SAP will determine what assistance the employee needs in resolving problems associated with drug use and alcohol misuse. This determination will not be interpreted to require the district to provide or pay for any treatment or rehabilitation costs.
- b. If the employee is diagnosed as alcoholic or drug dependent by a physician and is determined by the SAP designated by the district there is need for additional treatment, the district may grant up to 12 weeks of unpaid leave for such treatment. Sick leave, if available, may also be used for this purpose.

## 6. **Confidentiality and Record Retention**

- a. To ensure effective enforcement and confidentiality, all records in regard to drug testing and/or communication with the employee in regard to alcohol/drug use and/or rehabilitation will not be part of the employee's personnel file. This information will be kept separate from personnel records, unless it is part of a disciplinary document. The district will only release employee records as directed by specific written consent of the employee authorizing release to an identified person and/or agency.
- b. The district will retain employee records with positive drug test results for a minimum of five years, as well as documentation of refusals to test, evaluations, and referrals, which records shall be removed at the request of former employee at the end of such five years. The district will retain for a minimum of two years any records related to the testing process (except equipment calibration documentation) and training, which records may be removed at the request of the employee or former employee at the end of such two years.
- c. Drug test results will not be released without the written authorization of the tested individual other than SAP personnel or in compliance with personnel records policy GBL.
- d. The district will not release an employee's rehabilitation or alcohol/drug test records to a subsequent employer unless employee gives written authorization for such release.



**Appendix A**  
**Observation checklist**

Employee's Name \_\_\_\_\_ Date of Observation \_\_\_\_\_

Time of Observation - From \_\_\_\_\_ a.m. p.m. to \_\_\_\_\_ a.m. p.m.

Location of Observation \_\_\_\_\_

1. APPEARANCE
- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Normal              | <input type="checkbox"/> Disheveled appearance             | <input type="checkbox"/> Tremors     |
| <input type="checkbox"/> Runny nose or sores | <input type="checkbox"/> Eyes (pupils dilated or pinpoint) | <input type="checkbox"/> Flushed     |
| <input type="checkbox"/> Bloodshot eyes      | <input type="checkbox"/> Profuse sweating                  | <input type="checkbox"/> Sloppy      |
| <input type="checkbox"/> Puncture marks      | <input type="checkbox"/> Dry-mouthed symptoms              | <input type="checkbox"/> Cleanliness |

Specific Description

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2. BODY/BREATH ODORS
- |                                  |                                |
|----------------------------------|--------------------------------|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Other |
|----------------------------------|--------------------------------|
- Specific Description
- 
- 

3. SPEECH CHARACTERISTICS
- |                                   |                                  |                                     |
|-----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Normal   | <input type="checkbox"/> Slurred | <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Confused | <input type="checkbox"/> Slowed  | <input type="checkbox"/> Whispering |
- Specific Description
- 
- 

4. BEHAVIOR
- |                                    |   |                                      |
|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Normal    | <input type="checkbox"/> Unusual display of emotions                        | <input type="checkbox"/> Euphoria    |
| <input type="checkbox"/> Erratic   | <input type="checkbox"/> Excessive drowsiness                               | <input type="checkbox"/> Confused    |
| <input type="checkbox"/> Lethargic | <input type="checkbox"/> Lack of coordination                               | <input type="checkbox"/> Mood Swings |
| <input type="checkbox"/> Paranoid  | <input type="checkbox"/> Lack of motor skills                               | <input type="checkbox"/> Disoriented |
| <input type="checkbox"/> Irritable | <input type="checkbox"/> Inability to comprehend standard work instructions |                                      |
| <input type="checkbox"/> Other     |   |                                      |

Specific Description

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5. BALANCE
- |                                 |                                     |                                  |                                  |
|---------------------------------|-------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Swaggering | <input type="checkbox"/> Swaying | <input type="checkbox"/> Falling |
|---------------------------------|-------------------------------------|----------------------------------|----------------------------------|
- Specific Description
- 
-

6. WALKING       Normal                       Swaggering                       Swaying                       Falling  
                          Requires support  
Specific Description

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7. PRESENCE OF ALCOHOLIC BEVERAGES, DRUGS, AND/OR DRUG PARAPHERNALIA  
                          Yes                                       No  
Specific Description

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8. INDICATIONS OF THE CHRONIC AND WITHDRAWAL EFFECTS OF PROHIBITED  
SUBSTANCES AS DETERMINED BY A SUBSTANCE ABUSE PROFESSIONAL  
                          Yes                                       No  
Specific Description

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9. OTHER RELEVANT OBSERVATIONS  
                          Yes                                       No  
Specific Description

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**Observed By:**

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

