

Drug and Alcohol Testing Procedures & Checklist

Note: Individuals who fall under the Department of Transportation (DOT) guidelines are also subject to the testing requirements of the Federal Motor Carrier Safety Administration Controlled Substances and Alcohol Use rules and regulations.

I. Pre-Test Considerations and Procedures

Under the [Drug & Alcohol Testing Policy](#), an employee may be subject to initiation of the testing process if they have an accident, or you believe them to be under the influence of drugs or alcohol, or in possession of a prohibited substance. *Any questions at any point in this process should be directed to your [HR Business Partner](#).*

Before Confronting

Prior to confronting the employee who may be subject to the testing process, you should prepare yourself by doing the following:

- Review the Drug & Alcohol Testing Policy and Procedures
- If Reasonable Suspicion:
 - Contact your [HR Business Partner](#) via telephone to review the process. If your [HR Business Partner](#) is not available, call the main HR number at 205-348-7732. If after HR business hours (M-F 8 to 5) contact UAPD at 205-348-5454 and they will forward your call to an [HR Business Partner](#).
 - Complete the Reasonable Suspicion Determination Checklist.
 - Confirm your suspicion with at least one other supervisor or other University official who has completed the required training under the Drug & Alcohol Testing policy by having them complete a Reasonable Suspicion Determination Checklist as well. Both individuals will need to discretely observe and separately document the behavior on the checklist.
 - Circumstances may dictate that you and the other supervisor need to meet together with the employee to make your observations.
 - Follow up with the [HR Business Partner](#) via telephone to discuss next steps. If possible, fax or scan and email the checklists to them. The originals are to be provided within 24 hours and no copies maintained in the department.
 - If you receive verbal authorization to proceed, then meet with the employee.
- If Post-Accident, confirm that the accident meets the policy guidelines for testing.

Meeting with the Employee for Reasonable Suspicion

The following actions need to be taken by the supervisor prior to sending an employee for testing:

- Take the employee to a suitable location that will ensure privacy and no distractions. This conversation is strictly confidential and must remain as such. Information gathered during this conversation can only be released to those who have a business need to know.
- Advise the employee that the observed behaviors warrant the initiation of the testing policy based on the policy guidelines. Describe the behavior observed and ask the employee to explain their behavior. Take notes. Ask as many questions as necessary to get the facts.
- If the employee responds that fatigue, stress, personal problems, or a medical condition is the cause of what you're observing, listen to the employee, and respond empathetically. Explain that

Drug and Alcohol Testing Procedures & Checklist

having this test done will rule out alcohol or drug use as a possible cause of the observed behavior or appearance. If the employee refuses to cooperate, advise the employee that under the Drug & Alcohol Testing policy failure to cooperate will result in disciplinary action up to and including termination of employment.

- While interviewing the employee, note their behavior and appearance.
- If you do not have a sufficient basis or “reasonable grounds” to believe a violation exists, do not proceed. Simply re-educate the employee as to the University’s firm stance on its Drug & Alcohol Testing policy and have them sign a copy of the policy. Continue to monitor the employee if needed.

II. Drug and Alcohol Testing

- Drug and alcohol testing will be performed by the University Medical Center or the DCH Regional Medical Center under the direction of a medical doctor and in accordance with programs and guidelines established by the United States Department of Health and Human Services Administration, Substance Abuse and Mental Health Services Administration (SAMSHA), Division of Workplace Programs.
- The collection, custody, storage, and analysis of drug test samples will be performed in compliance with SAMSHA Guidelines. Testing will be conducted under the direction and supervision of a laboratory certified by SAMASHA and in accordance with SAMSHA Guidelines. To ensure accuracy, a sequence of two (2) tests, at the University’s expense, will be utilized. Initial testing will be by the immunoassay methodology. Each presumptively positive sample will then be subjected to additional, more precise confirmatory testing through means of the gas chromatography-mass spectrometry (GC-MS) methodology. A test confirmed as positive through this dual testing procedure indicates the presence of a drug or its metabolite at or above the cutoff level prescribed by this policy. Particular cutoff levels may be dependent upon the employee's assigned duties within the University. The applicable standards for cut-off levels for drugs are defined by the "Mandatory Guidelines for Federal Workplace Drug Testing Programs," 53 F.R. 11979; "Programs for Chemical Drug and Alcohol Testing of Commercial Vessel Personnel," 46 C.F.R. Parts 4, 5, and 6; and "Procedures for Transportation Work Place Drug Testing Programs," 49 C.F.R. Part 40. R.S. 1001, et seq. The applicable standards for cutoff levels for alcohol are set by the Omnibus Transportation Employee Testing Act of 1991. Positive alcohol tests may be confirmed by a chain of custody blood-alcohol test. Test results shall be documented and maintained with strict confidentiality.
- Test results shall be documented and maintained with strict confidentiality. Positive test results and samples will be maintained in accordance with law and applicable medical standards.

III. Reasonable Suspicion

If you have established you have “reasonable suspicion” which includes having another official confirm that suspicion and HR’s authorization, you are required to have the employee submit to a substance screen on the University’s time and expense. Advise the employee not to eat, drink, chew gum or breath mints and to be prepared to submit a urine sample.

Drug and Alcohol Testing Procedures & Checklist

If the employee voluntarily agrees to the testing, take the employee to the lab which is available at that time with the University Medical Center (UMC) being the first choice. A supervisor or manager must drive or have the employee driven to the lab and wait for the tests to be completed.

If the incident occurs during UMC's Lab hours of operation, then take the employee to the UMC Lab. Call 205-348-1228 to notify the lab you will be bringing an employee for testing.

If the incident occurs outside of UMC's Lab hours, then take the employee to the DCH Emergency Room to check in. The employee will be directed to the DCH Main Lab for testing.

- **Post-testing steps for both UMC and DCH:**
 - The employee may not return to work and is placed on paid administrative leave.
 - Do not allow the employee to drive a vehicle from the work premise; however, do not restrain or use force to prevent this either.
 - It is ultimately the employee's responsibility to arrange transportation home.
 - If the employee refuses transportation, advise the employee that under the policy you are required to report him/her to the police if the employee attempts to drive a vehicle.
 - Send the original checklists with all applicable documentation to the [HR Business Partner](#) within 24 hours after the incident. **Do not retain a copy.**

If the employee refuses the request for testing, inform the employee once again of the Drug & Alcohol Testing Policy and that employment can be terminated for refusing to submit to the test.

1. If the employee continues to refuse, proceed as follows:
 - The employee must leave work and is placed on unpaid administrative leave.
 - Do not allow the employee to drive a vehicle from the work premise; however, do not restrain or use force to prevent this either.
 - It is ultimately the employee's responsibility to arrange transportation home.
 - If the employee refuses transportation, advise the employee that under the policy you are required to report him/her to the police if the employee attempts to drive a vehicle.
 - Contact your [HR Business Partner](#) to determine the appropriate disciplinary action.

Drug and Alcohol Testing Procedures & Checklist

IV. Post-Accident

An employee who meets the Post-Accident testing guidelines as outlined in the Drug & Alcohol Testing policy will be subject to drug and alcohol testing. Advise the employee not to eat, drink, chew gum or breath mints and to be prepared to submit a urine sample.

NOTE: In a post-accident scenario where Reasonable Suspicion is also a factor, default to the Reasonable Suspicion procedures.

If the employee voluntarily agrees to the testing, take the employee to the lab which is available at that time with the University Medical Center (UMC) being the first choice. A supervisor or manager must drive or have the employee driven to the lab and wait for the tests to be completed.

If the incident occurs during UMC's Lab hours of operation, take the employee to the UMC Lab. Call 205-348-1228 to notify the lab you will be bringing an employee for testing.

If the incident occurs outside of UMC's Lab hours, take the employee to the DCH Emergency Room to check in. The employee will be directed to the DCH Main Lab for testing.

If medical treatment is needed as a result of an accident:

- Follow normal protocol for getting medical treatment.
- If the employee goes to the Faculty-Staff Clinic at UMC the employee will be tested consistent with the policy.
- If the employee goes to DCH, the employee will be tested consistent with the policy.

If medical treatment is not needed:

- Employee will be tested at UMC Lab during normal hours of operation.
- If the accident is after hours for the UMC Lab, the employee will check in at the DCH Emergency room and will be tested at the DCH Main Lab.
- A supervisor or manager must be present and wait for the completion of the test.

Post-testing steps for both UMC and DCH:

- The employee may return to work if released by the physician for any medical treatment given **UNLESS** the supervisor or manager received a non-negative breathalyzer result.
- If the supervisor or manager received a non-negative result:
 - The employee may not return to work and is placed on paid administrative leave.
 - Do not allow the employee to drive a vehicle from the work premise; however, do not restrain or use force to prevent this either.
 - It is ultimately the employee's responsibility to arrange transportation home.
 - If the employee refuses transportation, advise him/her that under the policy you are required to report him/her to the police if he/she attempts to drive a vehicle.
- Send the original checklists with all applicable documentation to the [HR Business Partner](#) within 24 hours after the incident. **Do not retain a copy.**

If the employee refuses the request for testing, inform the employee once again of the Drug & Alcohol Testing Policy and that employment can be terminated for refusing to submit to the test.

Drug and Alcohol Testing Procedures & Checklist

If the employee continues to refuse, proceed as follows:

- The employee must leave work and is placed on unpaid administrative leave.
- Contact your [HR Business Partner](#) to determine the appropriate disciplinary action.

V. Results of Investigation, Testing or Search

The results of the drug and alcohol test will be communicated to the appropriate [HR Business Partner](#) who will then relay it to the supervisor.

If there is NO violation:

If it is clear that no violation of our policy exists, either after the investigation, testing, or search, tell the employee that he/she was found not to be in violation of the policy.

If there is a violation:

If it is absolutely clear the employee has violated our policy, the supervisor and [HR Business Partner](#) will discuss the appropriate course of action. If needed, an Employee Corrective Counseling form will be completed. Once this is finalized, the supervisor will meet with the employee to communicate the outcome of the review.

VI. Confidentiality

Keep all results of employee's tests, searches, and investigations confidential. Keep all discussion confidential and limited to those who have a legitimate business need to know.

VII. Scope

The Drug and Alcohol Testing Procedures & Checklist **ONLY** applies to:

- All Finance and Operations staff
- All faculty and staff in the College of Community Health Sciences
- Vehicle operators with a Commercial Drivers License as defined by the Department of Transportation
- Faculty and staff in security/safety-sensitive positions as identified by the Dean of the college in which their position is housed.
- **Security/Safety Sensitive Position is a position with duties that could potentially pose a significant risk of harm to the employee, other employees, students, or the general public in the event of inattention to duty errors in judgment.
- Faculty, staff, and student employees who are otherwise required to be subject to drug testing under any contractual requirements now in existence or later enacted.

Drug and Alcohol Testing Procedures & Checklist

Supervisor Instructions for Reasonable Suspicion Checklist

1. Contact your [HR Business Partner](#) via telephone to review the process when an incident, report or observation has occurred that causes you to have a reasonable suspicion that an employee may be under the influence of drugs or alcohol.

-If your HR Business Partner is not available, call the main HR number at 205-348-7732.

-If after HR business hours (M-F 8 to 5) contact UAPD at 205-348-5454 and they will forward your call to an HR Business Partner.

2. Complete the Reasonable Suspicion Determination Checklist

3. Contact another University official who has been trained and have them complete a Reasonable Suspicion Determination Checklist and return to you. Circumstances may dictate that you and the other official may have to meet together with the employee to observe.

4. Follow up with the [HR Business Partner](#) via telephone to discuss next steps. If possible, fax or scan and email the checklists to the HR Business Partner.

5. If you receive verbal authorization from the [HR Business Partner](#) to proceed, then meet with the employee to make a final determination.

6. If the final decision is that a drug and alcohol screen is warranted, drive or have the employee driven to the appropriate testing site.

If it is the UMC Lab, notify them at 205-348-1228 that you are bringing someone for testing.

If testing is needed outside of UMC Lab hours, drive or have the employee driven to the DCH Emergency Room to check-in and they will be sent to the DCH Main Lab.

- Post-testing steps, or if the employee refuses to submit to testing:
 - The employee is sent home and is placed on unpaid administrative leave.
 - Do not allow the employee to drive a vehicle from the work premise; however, do not restrain or use force to prevent this either.
 - It is ultimately the employee's responsibility to arrange transportation home.
 - If the employee refuses transportation, advise him/her that under the policy you are required to report him/her to the police if he/she attempts to drive a vehicle.
 - Contact your [HR Business Partner](#) if the employee refused to submit to testing to determine the appropriate disciplinary action.

7. Send the **original** checklist with all applicable documentation to the [HR Business Partner](#) within 24 hours after the incident. **Do not retain a copy.**

Drug and Alcohol Testing Procedures & Checklist

Reasonable Suspicion Determination Checklist

Employee (print name): _____

Date: _____

Observed by (print name): _____

Date: _____

REASONABLE SUSPICION OBSERVATIONS

A. NATURE OF THE ACCIDENT OR INCIDENT/CAUSE FOR SUSPICION

- | | |
|---|--|
| <input type="checkbox"/> 1. Observed/reported possession or use of a controlled substance | <input type="checkbox"/> 4. Observed abnormal or erratic behavior |
| <input type="checkbox"/> 2. Observed/reported possession or consumption of alcohol while on the job | <input type="checkbox"/> 5. Arrest for a drug-related offense |
| <input type="checkbox"/> 3. Observed/reporting to work under the influence of alcohol as outlined in the policy | <input type="checkbox"/> 6. Other* (e.g., flagrant violation of safety regulations, serious fighting or argumentative/abusive language, refusal of supervisor instructions, unauthorized absence from work site) |

B. UNUSUAL BEHAVIOR

- | | |
|---|---|
| <input type="checkbox"/> 1. Verbal abusiveness | <input type="checkbox"/> 4. Withdrawal, depression, mood changes, or unresponsiveness |
| <input type="checkbox"/> 2. Physical abusiveness | <input type="checkbox"/> 5. Inappropriate verbal response to questioning or instructions |
| <input type="checkbox"/> 3. Extreme aggressiveness or agitation | <input type="checkbox"/> 6. Other erratic or inappropriate behavior* (e.g., hallucinations, disorientation, excessive euphoria, confusion). |

C. PHYSICAL SIGNS OR SYMPTOMS

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

D. WRITTEN SUMMARY

Summarize the facts and circumstances of the accident or incident, employee response, supervisor actions, and any other pertinent information not previously noted on this form. Attach additional sheets as needed.

Based on my observations as noted on this checklist, I recommend that an alcohol/drug test be administered in accordance with the Drug and Alcohol Testing Policy. ☐Yes ☐No

Signature of Observing Supervisor or Other University Official

Date