Drug and Alcohol Free Workplace Policy

EMPLOYER NAME: ________________________________ (“Company”) is committed to providing employees with a safe work environment and fostering the health of its employees, as well as protecting Company property and assets.

SCOPE: All U. S. facilities located in the State of Kentucky.

POLICY:
Employees are required to report to the Company premises, work sites, vehicles, client location and/or customer work sites with no substances in their body in any detectable amount that impair cognitive, psychological, or physical capacity. The Company has no desire to intrude into its employees’ personal lives, however, both on-and off-the-job involvement with any mood altering substances can have an impact on our workplace, Company interest and reputation, and Company’s ability to achieve its objectives of safety and security.

The unlawful manufacture, distribution, dispensation, possession, or use of alcohol or a controlled or illicit substance is prohibited in the workplace. Off-premises drug possession, use, or sale as well as off-premise use of alcohol is prohibited when such activities adversely affect job performance, job safety, or Company’s reputation. All employees will be subject to disciplinary action, including termination for violation of this policy.

Any employee who is charged and/or convicted under any federal or state criminal drug and/or alcohol statute must notify his or her supervisor or the Human Resources department within five (5) days of the charge and/or conviction and may receive some form of disciplinary action, including termination.

The proper use of controlled or over-the-counter drugs as part of a prescribed treatment program of the individual does not constitute, by the fact alone, a violation of the Policy, but it may be important for an employee’s supervisor to be aware such use is occurring in order to determine job assignment. Such use may provide a basis for reassignment, a leave of absence or termination because of medical reasons. An employee undergoing prescribed medical treatment with a controlled medication that could impair his/her physical, mental or emotional faculties must immediately report this treatment to his/her supervisor. Failure to do so will constitute a violation of this Policy. It is a violation of Company policy for an employee to use prescription drugs illegally, i.e., to use prescription drugs that have not been legally obtained or in manner or for a purpose other than as prescribed. It is also a violation of Company policy to use prescription medication that has been prescribed for someone else.

Company may also search employer-owned property on premises used by the employees, as well as the personal effects of employees (including clothing, vehicles, containers, tool boxes, lunch pails, lockers and the like) brought onto Company’s property. Company may take into custody any illegal, unauthorized or prohibited items and may turn them over to the proper law enforcement agencies. Refusal to allow a search or interference with a search may result in disciplinary action, including possible termination.
EMPLOYEE ASSISTANCE PROGRAM (EAP)

Company will provide an employee assistance program (EAP) that provides diagnosis, counseling, and referral to appropriate treatment shall be an established professional program that includes professional assessment of employee person concerns; confidential and timely services to identify employee alcohol and substance abuse issues for appropriate diagnosis, treatment and assistance; and follow-up services for employee who are recommended for monitoring after returning to work. **Our Company EAP provider is shown below:**

INDIVIDUAL SUBJECT TO DRUG AND ALCOHOL TESTING:

All employees, applicants who have received a conditional offer of employment, employees of agencies assigned and working at a Company location, independent contractors, subcontractors, collaborative partners and/or employees of independent contractors, subcontractors collaborative partners are subject to drug or alcohol testing and provision of this Policy.

CIRCUMSTANCES FOR TESTING:

The circumstances under which the Company may request or require drug or alcohol testing are:

a) **PRE-EMPLOYMENT:** Applicants who have received a conditional offer of employment will be required to submit to drug and alcohol testing. A positive test or a refusal to undergo testing may result in a refusal to hire.

b) **REASONABLE SUSPICION:** Reasonable suspicion testing shall be based on a belief that an employee is using or has used drugs or alcohol in violation of Company’s policy, drawn from specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience, training, or education. Reasonable suspicion testing shall be based upon:

   (1) While at work, direct observation of drug or alcohol use or of the physical symptoms or manifestations of being under the influence of a drug or alcohol;

   (2) While at work, abnormal conduct, erratic behavior, or a significant deterioration in work performance;

   (3) A report of drug or alcohol use provided by a reliable and credible source;

   (4) Evidence that an individual has tampered with a drug or alcohol test during employment with Company;

   (5) Information that an employee has caused, contributed to, or been involved in an accident while at work; or

   (6) Evidence that an employee has used, possessed, sold, solicited, or transferred illegal or illicit drugs or used alcohol while on Company premises or while operating Company’s vehicle, machinery, or equipment.

c) **POST-ACCIDENT TESTING:** If an employee or another person has sustained any injury at work, or in cases in which Company’s property has been damaged, including damage to equipment, Company will require drug and/or alcohol testing.
d) **RANDOM TESTING:** Company may require an individual or all members of a classification or group to undergo drug or alcohol testing at random.

e) **FOLLOW-UP TESTING:** When an employee enters a drug and/or alcohol rehabilitation program, the employee will be required to undergo a drug testing once per quarter for one (1) year after the employee’s successful completion of an rehabilitation program.

**SUBSTANCES THAT WILL BE TESTED:**

Under this Policy, the Company shall test for drugs and alcohol, including but not limited to:

- a) Amphetamines
- b) Cannabinoids/THC
- c) Cocaine
- d) Opiates
- e) Phencyclidine (PCP)
- f) Benzodiazepines
- g) Propoxyphene
- h) Methaqualone
- i) Methadone
- j) Barbiturates
- k) Synthetic Narcotics
- l) Alcohol- A breath alcohol concentration of .04 shall be the maximum acceptance level of concentration.

**TESTING METHODS AND COLLECTION PROCEDURE:**

The collection of samples and administration of drug and alcohol tests shall follow all standards, procedures and protocols set forth by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Administration (SAMSHA). Samples shall be collected and tested by a laboratory certified in accordance with the National Laboratory Certification Program (NLCO). The collection of samples shall be performed under reasonable and sanitary conditions. Samples shall be collected and tested with due regard to the privacy of the individual being tested. A sample shall be collected in sufficient quantity for splitting into two separate specimens, to provide for any subsequent independent analysis in the event of challenge of the test results of the main specimen. During urine collection, no employer or representative, agent or designee of the employer shall directly observe an applicant or employee in the process of producing a urine sample; provided, however, collection shall be in a manner reasonable calculated to prevent substitutions or interference with the collection or testing of reliable samples. Sample collection shall be documented with proper chain of custody, and the documentation procedure shall include labeling of samples so a reasonable to preclude the probability of erroneous identification of test results. Sample collection, storage, and transportation to the testing facility shall be performed so a reasonable to preclude the probability of sample contamination or adulteration.

All positive test results will be reviewed by a Medical Review Officer (MRO). Applicants or employees will be provided an opportunity to provide notification of any information which the applicant or employee considers relevant to the test, including identification of currently or recently used prescription or nonprescription drugs, or other relevant information if a test is positive. If the MRO determines that there is not a medical explanation for the positive test result other than the unauthorized use of alcohol or prohibited drug, the MRO shall report to Company a positive result.
No positive results will be report to Company until the MRO has made that determination. Testing facilities must be certified by SAMHSA.

**CONSEQUENCES FOR VIOLATING THE TESTING POLICY:**

**Refusal to be Tested:** Any individual who refuses to submit to Company’s request for drug and/or alcohol testing, or refuses to complete the required forms, will be subject to termination from employment, or will not be eligible for employment, as the case may be. Interfering with and/or failing to cooperate with the testing process will be treated as a refusal to be tested, including failure to provide an adequate sample within three hours of being notified of a test.

**Adulteration, tampering or manipulation of samples**—The actual or attempted tampering, adulteration and/or manipulation of drug and alcohol testing samples is prohibited. Any individual who attempts to alter, tamper or manipulate any testing samples will be subject to termination from employment, or will not be eligible for employment, as the case may be.

Personnel action may be taken as a result of a positive test result. Any individual who violates this policy regarding actual or intent to possess, consumption, use, transfer, solicitation or sale of illegal drugs, abuse of prescription or over the-counter drugs will be subject to disciplinary action, including but not limited to termination.

**CONFIDENTIAL EXPLANATION BY INDIVIDUAL**

Any individual who receives a positive drug test result or has otherwise violated this policy, will be given an opportunity to offer an explanation, in confidence, to a representative of Company.

**LAST CHANCE AGREEMENT**

Any individual who violates this Policy and is subject to disciplinary action including termination may request to participate in a last chance agreement. The request for a Last Chance Agreement must be approved by the VP, HR and will be granted at the discretion of Company based on the totality of the circumstances. If approved, the employee will then be suspended from work without pay for 30 days. During this suspension the following items must be achieved: 1) The employee must abstain from the use of illegal substances, 2) The employee must test negative before coming back to work, and 3) The employee must agree to participate in the Employee Assistance Program (EAP), go through an initial evaluation, and agree to comply with all of the recommendations. The employee must agree to sign the appropriate authorization to allow the Company HR representative to receive information from the EAP regarding completion of the program. The employee will be subject to follow up testing at least once per quarter for one (1) year after the employee’s successful completion of an employee assistance program.

**Training**

Each employee shall have one (1) hour of initial training on the Drug and Alcohol Free Workplace Policy. Refresher training shall be conducted annually for a minimum of 30 minutes. Supervisors shall receive in addition to the standard training on the Drug and Alcohol Free Workplace Policy a minimum of 30 minutes annually on alcohol and substance abuse awareness. Records of this training shall be maintained.
Communication
Each employee shall be given a copy of the Drug and Alcohol Free Workplace Policy upon hire and annually. A copy of the Drug and Alcohol Free Workplace Policy shall be posted in the company break room. An Acknowledgement Form shall be signed by each employee annually.

The Drug and Alcohol Free Workplace Policy shall be maintained with all applicable federal, state, and local regulations.

Appeals Procedures
Within 24 hours of receiving notice of a positive test, an individual may request a subsequent confirmation test of a sample. The individual shall pay all cost of the subsequent confirmation test, unless the subsequent confirmation test reverses the findings of the challenged positive test. In those cases where the confirmed test reverses the initial findings, Company will reimburse the individual for the cost of the subsequent confirmation test.

Any part of the Policy can be changed by Company but must be in compliance with 803 KAR 25:280.

Records
Records of all drug and alcohol test results and related information are the property of Company. However, upon written request, those test results and related information will be made available for inspection and copying to the individual tested. The drug and alcohol test results and related information will be treated as confidential and will be maintained in a separate file.
ACKNOWLEDGEMENT OF RECEIPT OF DRUG AND ALCOHOL FREE WORKPLACE POLICY

By signing below, I acknowledge that I have received a copy of the Drug and Alcohol Free Workplace Policy for my reference as to procedures, work rules and benefits. I understand it is my responsibility to read and comply with the Drug and Alcohol Free Workplace Policy and any revisions made to it will be communicated to me. I understand I should consult my immediate supervisor or Human Resources regarding any questions I might have.

Dated this the ______________ day of ____________________________ , 2018.

______________________________________________
Signature

______________________________________________
Print Name

______________________________________________
Title

STATE OF ________________________________________

COUNTY OF ______________________________________

Subscribed and sworn before me by _________________________________________ on

This the _______________ day of _______________________, 2018.

_______________________________________________
Notary Public

My commission expires: ________________________________.