

Drug and Alcohol Free Workplace Policy

PURPOSE: _____ are 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 tis employee’s personal lives, however, both on-and off-the-job involvement with any mood altering substances can have an impact on our workplace, the company interest and reputation, and the Company’s ability to achieve its objectives of safety and security.

Notify employees that 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 the Company’s reputation. All employees will be subject to disciplinary action, including termination for violations of this policy.

Any employee who is charged and/or convicted under any federal or state criminal drug and/or alcohol statue 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.

The 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 the Company’s property. The 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)

The 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 ALCHOL 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**-Any time the Company reasonable suspicion believes an individual is under the influence of drugs or alcohol, the Company may require a drug or alcohol test. Circumstances causing the Company to require testing of individual may include, but are not limited to:
 - Drugs or alcohol on or about the individual's vicinity
 - Abnormal conduct or erratic behavior on the individual's part that suggests impairment or influences of drugs or alcohol
 - Evidence that an individual has tampered with a drug or alcohol test
 - Excessive or unexplained absenteeism or tardiness
 - A report of drug or alcohol use, by a reliable and credible source
 - Evidence that an employee has used, possessed, sold, solicited or transferred drugs or alcohol while working or while on the premises or while operating a company 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 the Company's property has been damages, including damage to equipment, the Company will require drug and/or alcohol testing.
- d) **RANDOM TESTING**-The 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 for a period of once per quarter for one (1) year after the employee's successful completion of an EAP.

SUBSTANCES WHICH MAY 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, procedure and protocols set forth by the U S Department of Health and Human Services Substance Abuse and Mental Health Administration (SAMHSA). 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 the Company a positive result. No positive results will be report to the Company until the MRO had 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 the 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. All actions other than termination will be reviewed by the VP, HR, and the VP of the employee's business unit.

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 the 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 the Company based on the totality of the circumstance. 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, the Company will reimburse the individual for the cost of the subsequent confirmation test.

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

Records

Records of all drug and alcohol test results and related information are the property of the 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.

ACKNOWLEDMENT 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 and communicated to me. I understand I should consult my immediate supervisor or Human Resources regarding any questions I might have.

Signature

Date

Print Name

**APPLICATION / AFFIDAVIT / CHECKLIST FOR CERTIFICATION OF
KENTUCKY DRUG-FREE WORKPLACE PROGRAM
PURSUANT TO 803 KAR 25:280**

- 1. Filing directions for application:** Please fully complete the application which includes sections A, B, C, D and E and return it to the Kentucky Office of Workers' Claims (OWC) with all required attachments. The OWC will review the application to determine if all sections have been completed, required signatures have been given, and the form has been notarized. If the criteria have been met, the OWC will return a copy of the application and a Kentucky Drug-Free Workplace Certificate to you. If an incomplete form has been sent to the OWC, it will be returned to you.

- 2. Annual Certification:** An employer must be certified annually and must maintain its certified drug-free workplace program each year.

- 3. Documentation of Certified Drug-Free Workplace:** For purposes of documenting your certified drug-free workplace program, it is necessary to maintain your policy and the records required by this application in a separate file for review by your insurer upon request. Files demonstrating your compliance and management of your program should also be maintained for review by your insurer.

- 4. Contact your Insurer:** An employer should contact its workers' compensation insurer with questions about the availability and application of premium discounts if a Drug-Free Workplace Certificate is obtained from OWC. An employer should be prepared to provide the certification of a drug free workplace and a copy of its application and attached documents to its workers' compensation insurer.

NOTE: The Kentucky Office of Workers' Claims is not responsible for the implementation of an employer's drug-free workplace policy. All employers are strongly advised to seek counsel from experts prior to implementing drug-free workplace policies.

**THIS APPLICATION / AFFIDAVIT MUST BE SUBMITTED TO
THE OFFICE OF WORKERS' CLAIMS ANNUALLY**

**Kentucky Office of Workers' Claims
Attn: Drug-Free Workplace Program
657 Chamberlin Avenue
Frankfort, Kentucky 40601
502.564.5550**

Part A - Type of Form (check one): New Application Renewal

Part B - Applicant Information:

Drug-Free Workplace Coordinator: _____

Company Name: _____

FEIN: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Phone: _____

E-mail Address: _____

Number of Employees: _____ Type of business: _____

Workers' Compensation Insurance Carrier: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

To Be Completed By The Kentucky Office of Workers' Claims

Date of First Certification: _____

Or

Date of Re-Certification: _____

Approved By: _____

Certificate Sent By: _____ Date: _____

Part C -Checklist:

- A copy of a drug-free workplace statement is given to each employee and posted in a prominent place at the place of employment;
- The copy notifies employees that the unlawful manufacture, distribution, dispensation, possession, or use of alcohol or a controlled or illicit substance is prohibited in the workplace;
- The copy specifies the actions that will be taken against employees for violations of such prohibition;
- An alcohol and substance abuse education and awareness training program for all employees and supervisory personnel has been established;
- A program has been established that includes alcohol and drug testing;
- An Employee Assistance Program is provided which includes professional assessment of employee personal concerns; confidential and timely identification services with regard to employee alcohol or substance abuse; referrals to employees for appropriate diagnosis, treatment and assistance with regard to employee alcohol or substance abuse; and follow-up services for employees who participate in a drug or alcohol rehabilitation program;
- A drug-free workplace will be maintained throughout the workers' compensation insurance policy period;
- The drug-free workplace program is in compliance with all applicable federal and state laws and regulations;
- All of the above complies with the regulatory requirements of 803 KAR 25:280.

Part D - Copies of the following documents shall be attached to the initial application. The documents shall not be attached to renewal application unless a substantive change is made to the documents previously filed with the OWC:

- Drug-free workplace policy
- A statement identifying each alcohol and drug test that will be conducted
- A statement identifying the company's Employee Assistance Program
- A description of the alcohol and substance abuse education and awareness training program for employee and supervisory personnel
- A statement describing the confidentiality of the company's drug-free workplace program
- Documents provided to employees

Part E - Employer Certification & Affidavit:

As a duly authorized agent of the license applicant named above, I hereby certify:

(a) that the frequency and duration of each employee and supervisor training session meets the requirements of 803 KAR 25:280;

(b) that all employees and supervisory personnel have participated or will participate during the calendar year in the required alcohol and substance abuse education and awareness training; and

(c) that the information I have provided in this Application/Affidavit is true and correct to the best of my knowledge.

Signature: _____

Name in Print: _____

Title: _____

STATE OF _____)
COUNTY OF _____)

Subscribed and sworn to before me by _____
This _____ day of _____, 20____.

Notary Public

My Commission expires:_____