

**Drug and Alcohol Policy
Western Reserve Joint Fire District
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DRUG-FREE WORKPLACE POLICY

Western Reserve Joint Fire District

I. STATEMENT OF POLICY

Western Reserve Joint Fire District believes that it is very important to provide a safe workplace for all of its firefighters. The Department is taking steps to address the problem of substance use that negatively affects every workplace, including ours. Our Department is concerned with the health and well being of all firefighters. We can't condone and won't tolerate behaviors on the part of firefighters that relate to substance use.

Management is fully committed to this Department's Drug-Free Workplace Program, which establishes clear guidelines for acceptable and unacceptable firefighter behavior for everyone in the workplace. We will not tolerate substance use in violation of this Policy. Behaviors related to substance use can endanger all firefighters, not just substance users.

This document (referred to as "the Policy") describes Western Reserve Joint Fire District's Drug-Free Workplace Program, and every firefighter is expected to read and understand it. The Policy applies to every firefighter including top management. The consequences stated in this Drug-Free Workplace Policy will apply to anyone who violates the Policy.

This Department holds all firefighters accountable in terms of substance use but also supports getting help for firefighters. Firefighters who come forward voluntarily to identify that they have a substance use problem will receive Department support and assistance. However, if a firefighter has a substance use problem and does not come forward, and the firefighter then tests positive for drug or alcohol use in violation of this Policy, the Department reserves the right to terminate employment for violation of this work rule. Firefighters whose jobs are subject to any special law or regulation may face additional requirements in terms of substance use.

Other consequences that apply to all firefighters who violate this Policy are clearly spelled out within this document.

This program will go into effect within 30 days of the announcement of our Drug-Free Workplace Program and this new Policy that describes the Drug-Free Program. This Policy covers the five key parts of the Department's Drug-Free Workplace Program. The five parts consist of:

- A written policy that clearly spells out the program and how everyone benefits.
- Annual substance awareness education for all firefighters.
- Training for supervisors regarding their responsibilities.
- Drug and alcohol testing, the most effective way to change harmful substance use behaviors.
- Firefighter assistance.

Firefighters will have the opportunity to receive information about substance use as a workplace problem, signs and symptoms, dangers of use, and how and where to get help for themselves and their families. James Stewart will be our Drug-Free Workplace Program Administrator so everyone knows who to go to for information or help. Chief Stewart will be responsible for arranging drug and alcohol testing, identifying resources that firefighters can

turn to for help for themselves and/or their families, and arranging for qualified people to help with firefighter awareness education and with supervisor training.

DEFINITIONS:

Alcohol: the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl and isopropyl alcohol.

Alcohol Use: The consumption of any beverage, mixture, or preparation containing alcohol.

Blood Alcohol Test: Blood test that is used to identify the presence of alcohol.

Breath Alcohol Technician (BAT): an individual who instructs and assists individuals in the alcohol testing process and operates an evidential breath-testing device (EBT).

Applicant: a person who applies for employment with the Department.

Certified Laboratory: a lab certified under the U.S. Department of Health and Human Services.

Collection Site: a designated place where firefighters present themselves to provide, under controlled conditions, a specimen, which will be analyzed for the presence of drugs or alcohol.

Collection Site Personnel: a person who instructs and assists individuals in the collection of the requested specimen for drug and/or alcohol testing under specific protocol.

Community Counseling Services: The Firefighter Assistance Program (EAP)

Department: Western Reserve Joint Fire District

Department Premises: All department property including vehicles, lockers, and parking lots.

Property: All department owned or leased property used by firefighters such as vehicles, lockers, desks, closets, etc.

Confirmed Positive Result: the presence of a drug in the pure form or its metabolites at or above the specified cutoff level identified on two consecutive tests of the same specimen which employ different testing methods.

Confirmation Test: means a second analytical procedure used to identify the presence of a specific drug or metabolite in a specimen. The confirmation test must be different in scientific principle from that of the initial test procedure. At this time gas/chromatography/mass spectrometry (GC/MS) shall be used. For alcohol testing this means a second test, following a screening test with a result of 0.08 grams or greater of alcohol per 210 liters of breath (normally expressed as 0.08 BAC) that provides quantitative data of alcohol concentration.

Conforming Products List (CPL) A list of approved breath alcohol, alcohol screening and calibration devices issued by NHTSA that may be used for alcohol testing.

Consent and Acknowledgment Form: provides consent for testing and informs the applicant/firefighter of substances for which testing is being conducted.

Controlled Substance: means a controlled substance in schedules I through V of Section 202 of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation at 21

CFR 1300.11 through 1300.15. Major substances for review by this policy shall include: marijuana/cannabinoids (THC); cocaine metabolites; opiates; phencyclidine (PCP); and amphetamines/methamphetamines.

Conviction: means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes.

Criminal Drug Statute: means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use or possession of any controlled substance.
Cut-Off Levels (Detection Thresholds): Levels whereby a test result is considered positive. Readings below these levels are negative.

Department of Health and Human Services (DHHS): Organization that oversees federal testing procedures and regulations.

Drug: alcohol, including distilled spirits, wine, malt beverages, and intoxicating liquors; amphetamines; cannabinoids; cocaine; phencyclidine (PCP); hallucinogens; methaqualone; opiates; barbiturates; benzodiazepines; synthetic narcotics; designer drugs; or a metabolite of any of the substances listed herein.

Drug-Free Workplace Program: A program that details the Department's commitment to providing a workplace that is free of drug and alcohol use through written policy, firefighter education, supervisor training and a comprehensive monitoring via drug and alcohol testing.

Drug Paraphernalia: Equipment, a product or material that is used or intended for use in concealing an illegal drug or for use in injecting, ingesting, inhaling, or otherwise introducing into the human body an illegal drug or controlled substance.

Drug Test: means any chemical, biological or physical analysis or test administered for the purpose of determining the presence or absence of a drug or its metabolites and/or alcohol.

Firefighter: Anyone employed by or contracted with the Department who is covered by workers' compensation insurance obtained by the Department.

Firefighter Assistance Program (EAP): A program that allows firefighters with drug and/or alcohol dependencies to consult with trained professionals for treatment.

Employer: Western Reserve Joint Fire District

Evidential Breath Testing (EBT): a device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath and placed on the NHTSA's Conforming Products List of Evidential Test Measurement Devices (CPL).

Fitness for Duty: To work in a manner suitable for the job. To determine "fitness", a medical evaluation may include drug and/or alcohol testing.

Gas Chromatography/Mass Spectrometry (GC/MS): The method used to confirm a specimen that screened positive.

IEBT Corporation (IEBT): The Department selected Third Party Administrator (TPA) that will conduct training, select random test subjects, coordinate other testing, supply laboratory, MRO and EAP services.

Immunoassay: The methodology used to screen specimens for drugs of abuse.

Impaired: shall mean such performance and/or behavior, which would indicate, to the observer that the firefighter's ability to handle job assignments safely and efficiently may be compromised.

Influence: To be physically, mentally or emotionally subject to the effects of any substance.
Initial Drug Test: means a sensitive, rapid, and reliable immunoassay procedure to identify negative and presumptive positive specimens.

Laboratory (Lab): A drug-testing laboratory certified by the Department of Health and Human Services under SAMHSA.

Medical Review Officer: a licensed physician responsible for receiving laboratory results generated by an employer's drug testing program and whose duties include the review and interpretation of drug test results and who evaluates those results together with medical history or any other relevant biomedical information to verify results. This person has knowledge of substance abuse disorders and appropriate medical or forensic training.

Metabolites: The by-product of a drug once it has been used (metabolized) by the body. (THC is the metabolite of marijuana)

Negative Result: the absence of an illicit substance in the pure form or its metabolites in sufficient quantities to be identified by either an initial screen or confirmatory test or as determined by a Medical Review Officer.

National Highway Traffic Safety Administration (NHTSA): The organization that places approved alcohol-testing devices on the CPL .

Policy: A document that provides the terms of a drug-free workplace policy.

Possession: means actual physical possession or constructive possession or dominion or control or being under the influence as above defined.

Post Accident Test: means a test conducted following all accidents where there was a loss of life, bodily injury to the firefighter and/or another person that requires off-site medical attention away from the Department's place of employment or job site, vehicular damage in apparent excess of \$250, or non-vehicular damage in apparent excess of \$250.

Prescription or Nonprescription Medication: a drug or medication obtained pursuant to a prescription as defined by FS Section 393.02 or a medication that is authorized pursuant to federal or state law for general distribution and use without a prescription in the treatment of human diseases, ailments, or injuries.

Random Drug Test: a test performed according to rates established by the Department. Firefighter selection is randomly generated by computer from a list of eligible firefighters.

Reasonable Cause Drug Testing: means testing based on a belief that a firefighter is using or has used alcohol or drugs in violation of the Department's policy drawn from specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience. Among other things, such facts and inferences may be based on, but not limited to, one of the following:

- A. Direct observations of abnormal conduct or erratic behavior by the firefighter which may render the firefighter unable to perform his/her duties or which may pose a threat to safety or health.
- B. A report of observed alcohol or drug use provided by a reliable and credible source.
- C. An on-the-job accident or occurrence where there is evidence to indicate the accident or occurrence, in whole or in part, may have been the result of the firefighter's use of a controlled substance or alcohol.
- D. Evidence that an firefighter is involved in the use, possession, sale, solicitation, or transfer of drugs or alcohol while working or while on the employer's premises or operating the employer's vehicle, machinery, or equipment.
- E. The firefighter's conviction of a criminal drug or alcohol statute violation.

Refusal To Submit (to an alcohol or drug test): is the failure to provide an adequate saliva, breath, urine or blood specimen upon request for testing without a valid medical explanation or such conduct which clearly interferes with the testing process. A refusal to test is considered a positive alcohol or drug screen

Release of Information Form: outlines what information will be released to management from a Firefighter Assistance Program referral, and acknowledges to Firefighter Assistance Program consultants that this is a mandatory referral.

Saliva: An approved method of alcohol screening. Positive saliva screens must be confirmed using an approved Evidential Breath Tester (EBT). Devices must appear on the CPL.

Substance Abuse Mental Health Services Administration (SAMHSA): The organization responsible for certifying laboratories for drug testing.

Screening Test (a.k.a. initial test): In alcohol testing, it means an analytical procedure to determine whether a firefighter may have a prohibited concentration of alcohol in his or her system. In controlled substance testing it means an immunoassay screen to eliminate "negative" urine.

Split Specimen: A single urine specimen collection made by a donor then split into two separate containers while the donor observes. The first specimen is screened. If positive the first specimen is tested by GC/MS to confirm the result. The second container allows the donor the right to test the specimen using a different laboratory, with the guidance of an MRO.

(Substance Abuse Professional SAP): encompasses licensed physicians, as well as licensed or certified psychologists, social workers, firefighter assistance professionals, and alcohol and drug counselors certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC) to assess or evaluate a firefighter who has engaged in prohibited alcohol or drug conduct.

Third Party Administrator (TPA): Poland Medical Center or St. Elizabeth Medical Center / HMMHCP will be the entity that coordinates and manages many aspects of a drug and alcohol-testing program.

Under the Influence: means that the firefighter is affected by a drug or alcohol in any detectable way, whether by manifestations, such as breath odor, speech pattern alteration, unsteadiness, or otherwise, or by the presence above the cut-off level of a prohibited drug or alcohol in the body as measured by the scientific testing contemplated by this policy.

Use: means an firefighter has smoked, ingested, injected, imbibed, inhaled, drunk, or otherwise taken internally a prohibited substance recently enough that it is detectable by scientific testing or by the firefighter's physical appearance, actions, breath, or speech.

Verified Positive Result: the positive result reported by a Medical Review Officer after the assessment of collection and testing protocols and a determination of no alternate medical explanation for the presence of the controlled substance.

Workplace: means any Department property or any other site for the performance of work done in connection with employment by the Department, including the operation of vehicles in the course and scope of employment.

PROHIBITED CONDUCT

No firefighter will:

- use illegal drugs;
- use alcohol while performing work for the Department, at the Department or while representing the Department;
- engage in the sale, manufacturing, purchase, transfer, use or possession of any illegal drugs;
- arrive to work, return to work or represent the Department under the influence of any drug (legal or illegal) or alcohol to the extent that job performance is affected;
- perform work for or represent the Department within four (4) hours after using alcohol;
- use alcohol for eight (8) hours following an accident or until the firefighter undergoes a post-accident alcohol test, whichever occurs first;
- refuse to submit to post-accident, random, reasonable suspicion, return-to-duty or follow-up alcohol and drug testing;
- consume specialty foods containing hemp seeds nor any other by-products of plants in the same family of cannabis sativa (marijuana);
- use procedures and/or products that are designed to mask, **dilute**, adulterate or substitute their specimen. It is the responsibility of the firefighter to provide a normal testable specimen;
- use prescribed medications that may affect their job performance or the safety of the public, department firefighters or the firefighter. Medications being taken by the firefighter are to be reported to a supervisor so that the firefighter can be evaluated by the Department for safety issues and possible job re-assignment.

PROGRAM PROTECTIONS

This program is designed to protect firefighters from the behaviors of substance users. Some of the protections built into the program are:

- Firefighter records such as testing results and referrals for help will be kept confidential. Information will be on a need-to-know basis. Any violation of confidentiality rights is

subject to disciplinary action up to and including termination of employment.

- We're committed to firefighters who have a substance problem getting help. Each situation will be reviewed individually. Firefighter assistance is available for every firefighter at the firefighter's own expense. A list of resources is available through Poland Medical Center or St. Elizabeth Medical Center / HMHCP and posted in the break room.
- All supervisors will be trained in their duties related to testing before this program begins.
- Firefighters will receive substance awareness education from a qualified person to help identify problems and learn where to turn to for help. This will be done annually.
- Testing will be done through a laboratory that is federally certified by SAMHSA and that uses the highest level of care in ensuring that results are accurate. This process is 100% accurate in detecting that the substances that the Department is concerned about are present in the firefighter's "system" in sufficient quantity to lead to behaviors that may endanger the person or other firefighters. The certified lab will work closely with Poland Medical Center or St. Elizabeth Medical Center / HMHCP to ensure fairness and accuracy, and we also have a Medical Review Officer (MRO), who is a trained physician responsible for checking whether there's a valid reason for the presence of the substance in the firefighter's system. The MRO is an expert in substance use. When the MRO receives positive test results, the MRO will contact the firefighter and any appropriate health care provider to determine whether there is a valid reason for the presence of the drug in the person's system.
- The testing program consists of an initial screening test. If the initial results are positive, then a second test is used. Cut-off levels for each drug and for alcohol are established based on federal guidelines. There are many other protections for firefighters that are built in.
- A firefighter's violation of this policy will not be reported to law enforcement unless required by a regulatory body or by criminal statute, such as related to drug trafficking. However, in protection of the workforce, law enforcement may be requested to come onto Department property in conjunction with a referral for criminal prosecution.
- Cut-off levels are used to determine when an firefighter has enough of a certain drug or alcohol in his/her system so that it should be considered a positive test. These cut-off levels come from federal guidelines and are fair for all firefighters.

FIREFIGHTER AWARENESS EDUCATION

Every current firefighter will be required to attend a session in which this program is discussed. There will be an opportunity to ask questions. The written Policy will be shared, and everyone will be expected to sign for receipt. We will have a qualified person explain why and how substance use is a workplace problem, the effects, signs/symptoms of use, effects of commonly used drugs in the workplace, and how to get help. We will also cover how an firefighter can get a referral for firefighter assistance, the importance of determining how much of a substance problem the firefighter has, and what type of help is needed. There will be a minimum of two hours of educational awareness annually for all firefighters. New firefighters will hear about the program during orientation and will receive substance education as soon as possible thereafter.

SUPERVISOR TRAINING

Supervisors will be trained to recognize substance problems that may endanger the firefighter and others as well as violate this Policy. This training is in addition to annual firefighter education. Supervisors will be trained about testing responsibilities, how to recognize behaviors that demonstrate an alcohol/drug problem and how to make referrals for help.

DRUG AND ALCOHOL TESTING

Testing is intended to detect problems, deter usage and allow appropriate corrective action. The Department will be testing at a rate of 50% of firefighters on a yearly basis. In addition to alcohol, the 10 basic drug types that we will be testing for are:

- Amphetamines (including methamphetamines) speed, uppers
- Cocaine (including Crack)
- Marijuana
- Opiates (Codeine, Morphine)
- Phencyclidine (PCP, "angel dust")
- Methaqualone
- Propoxyphene
- Benzodiazepines
- Barbiturates
- Methadone

A firefighter attempting to adulterate, **dilute**, substitute a specimen or otherwise manipulate the testing process will be subject to termination of employment, as will a refusal to produce/provide a specimen. In addition to the 10 basic drug types above, the Western Reserve Joint Fire District may test for additional drugs at their discretion. Pre-employment drug test found **dilute** will result in immediate dismissal from the WRJFD program.

FIREFIGHTER ASSISTANCE PROGRAM

The Department believes in offering assistance to firefighters with a substance problem. We are supportive of firefighters taking action on their own behalf to address a substance problem. The Department believes in referring to firefighters who are willing to do something about their problem. To help those who come forward voluntarily and those who test positive in violation of this Policy, information regarding EAP assistance will be posted on the Department bulletin board. When a firefighter reveals or is determined to have a substance problem, the Department will meet with the firefighter to discuss the problem and the violation of this Policy. It is important for the firefighter to come to an understanding regarding the extent of the problem in order to correct the problem and be able to avoid future usage in violation of the Department Policy. This is required in order to correct the problem and be able to avoid violating the Department Policy in the future. If a firefighter is willing to actively engage in resolving the substance use problem, the Department will refer the firefighter to the provider for an assessment and possible outpatient counseling with a substance professional. A firefighter who violates this Policy will have the opportunity to meet with the substance counselor, and the Department will be informed whether the firefighter is attending sessions and actively participating but will not receive information about the specifics of the counseling. A firefighter who completes these counseling sessions may be allowed to return to work, subject to signing a "second chance" or "last chance" agreement acknowledging that a second violation of the Department substance use Policy may result in termination of employment. The firefighter will

be tested prior to being allowed to return to work and at various times thereafter in conjunction with the Substance Abuse Professional.

BUREAU OF WORKERS' COMPENSATION'S 10-STEP BUSINESS PLAN

As part of its Drug-Free Workplace Program, the Department will be putting into place a safety plan sponsored by the Bureau of Workers' Compensation known as the 10-Step Business Plan. This plan is aimed at creating an overall safer workplace. More information about this 10-Step Plan will be communicated to all staff, and informational brochures will be distributed to all firefighters as the plan progresses.

II. FREQUENCY AND SITUATIONS WHEN TESTING OCCURS

Individuals or firefighters will be tested for the presence of drugs and/or alcohol using any BWC approved method under any and/or all of the conditions outlined below:

A. Post-Offer, Pre-Employment Drug Testing

As part of the Department's employment procedures, all applicants will be required to undergo a post-offer, pre-employment drug screen/test that is conducted by Poland Medical Center or St. Elizabeth Medical Center / HMCPC. Any offer of employment is contingent upon, among other things, satisfactory completion of this screening, and the determination by the Department that the applicant is capable of performing the responsibilities of the position that has been offered. If for any reason any of the following scenarios should occur, the employment offer will be rescinded.

- Refusal to submit to drug testing
- Refusal to sign the consent form or chain of custody
- Fails to appear for testing as scheduled
- Tampers with the specimen
- Specimen is considered **dilute**
- Drug screen is positive for any or all of the 10 drugs listed on page

B. Reasonable Suspicion or For Cause Testing

Reasonable suspicion testing will occur when Department management and/or supervision has reason to suspect that a firefighter may be in violation of this Policy. The suspicion must be documented in writing within 24 hours of the event or prior to the release of the test findings. Reasonable suspicion testing may be based upon, among other things:

1. Observed behavior, such as direct observation of drug/alcohol use or possession and/or the physical symptoms of drug and/or alcohol use.
2. A pattern of abnormal conduct or erratic behavior, fighting, repetitive accidents or safety violations, or significant deterioration in work performance.
3. Arrest or conviction for a drug-related offense, or the identification of a firefighter as the focus of a criminal investigation into illegal drug possession, use, or

trafficking. The firefighter is responsible for notification of the Department, within five (5) working days, of any drug-related conviction.

4. On-the-job accidents involving an apparent lapse in a firefighter's judgment, perception, motor skills or similar characteristics.
5. Information provided either by reliable and credible sources or independently corroborated regarding a firefighter's substance use, possession of drugs, sold, solicited or transferred any type of drugs on or off of Department time..
6. Newly discovered evidence that the firefighter has tampered with a previous drug or alcohol test.

Reasonable suspicion testing does not require certainty, but mere "hunches" are not sufficient to justify testing. To prevent this, all supervisors will be trained in the recognition of drug and alcohol-related signs and symptoms. Testing may be for drugs or alcohol or both.

C. Post-Accident Testing

Post-accident testing will be conducted whenever an accident occurs as defined below. For purposes of this policy, an accident is considered an unplanned, unexpected or unintended event that occurs on Department property, during the conduct of the

Department's business, or during working hours, or which involves Department-supplied motor vehicles or motor vehicles that are used in conducting Department business, or is within the scope of employment, and which results in any of the following:

1. A fatality of anyone involved in the accident.
2. Bodily injury to the firefighter and/or another person that requires off-site medical attention away from the Department's place of employment.
3. Vehicular damage in apparent excess of \$250.
4. Non-vehicular damage in apparent excess of \$250.

When such an accident results in one of the situations below, any firefighter who may have contributed to the accident will be tested for drugs or alcohol use or both. This includes any moving violation that occurs on Department time.

Drug and/or Alcohol Testing After an Accident

Urine specimen collection (for a drug test) and/or breath (for an alcohol test) are to occur immediately after a need has been determined. At no time shall a drug specimen be collected after 32 hours from the time of an employment-related incident. Breath alcohol testing will be performed within two (2) hours of the incident whenever possible, but within eight (8) hours, or it won't be performed but will be documented. If the firefighter responsible for an employment-related accident is injured, it is a condition of employment that the firefighter herein expressly grants unto the Department, its officers

and management, the right to request that attending medical personnel obtain appropriate specimens (breath, blood and/or urine) for the purpose of conducting alcohol and/or drug testing. Further, all firefighters herein expressly grant unto the Department, its officers and management, access to any and all other medical information that may be relevant in conducting a complete and thorough investigation of the employment-related accident, to include, but not be limited to, a full medical report from the examining physician(s) or other health care providers.

As part of legislature that goes into effect on October 13, 2004, substitute House Bill 223 (Rebuttable Presumption Law) states If a worker tests positive or refuses to be drug tested all together the burden of proof will shift to the worker to prove the presence of alcohol or drugs was not the proximate cause of the work related injury. This law allows employers to petition the Industrial Commission to have the work related injury disallowed if a firefighter refuses testing. Breath alcohol testing above **.08** is the cut off level used by the State of Ohio for consideration of this to be enacted. Please keep in mind the Department cut-off level for a positive breath alcohol test will remain at **.08**, as defined in this policy.

D. Follow Up Testing After Return to Work from Assessment or Treatment

This testing occurs when a firefighter who has previously tested positive is allowed to return to work under a “second-chance” or “last-chance” agreement. A return-to-duty test is required before the firefighter is allowed to return to work, and if the firefighter fails this test, this will lead to termination of employment. Once a firefighter passes the drug and/or alcohol test and returns to work, there will be a series of six or more additional tests conducted over a period of at least a year. Any firefighter with a second positive test result will be terminated.

E. Random Drug Testing

Random drug testing will include all firefighters and contract workers and is conducted on an unannounced basis. A non-Department testing organization will utilize objective computer software that ensures a truly random selection process in which all firefighters in the testing pool have an equal statistical likelihood of being selected for testing. When the next random draw is conducted, all firefighters are again included in the pool with an equal chance of selection, regardless of whether a firefighter was previously selected. Random testing is designed to deter drug use in violation of the Department Policy and ensure that the Department maintains confidence in its firefighters’ abilities to perform their duties. The Department has contracted with Poland Medical Center or St. Elizabeth Medical Center / HMHCP to perform the periodic selection of firefighters for inclusion in the random testing pools. Poland Medical Center or St. Elizabeth Medical Center / HMHCP selects firefighters at random for drug testing at any time during each calendar year. The Department will provide firefighter identification numbers to be used in the random selection drawings. Poland Medical Center or St. Elizabeth Medical Center / HMHCP will, in turn, furnish the Department with a list of individuals to be tested at the beginning of each selection period. It shall be the responsibility of the Department to notify each firefighter who was selected with the date, time and location that random testing will be performed. When notified, it shall be the responsibility of the individual firefighter to immediately proceed to the testing

facility or location to provide a specimen for drug testing and/or submit to alcohol testing. A firefighter's failure to comply with the request for a specimen for random testing will result in termination of employment.

III. SUBSTANCES TO BE TESTED FOR AND THE METHODS OF TESTING

Systems presence testing is the procedure that is used to identify the presence of the following controlled substances or alcohol that may be present: (A negative initial screening test is considered a negative test.) For each of the tested drugs (amphetamines, cocaine, marijuana, opiates, phencyclidine, methadone, propoxyphene, benzodiazepines, barbiturates and methaqualones), there is an initial test used to screen the specimen. If the initial screen is positive [at or higher than a cut-off level that comes from the federal Department of Health & Human Services (DHHS)], a second or confirmatory test is done. This is a different test and is considered 100% accurate. Detection thresholds (or cut-off levels) are standards that have been established by the DHHS for each of the above drugs after years of research. These levels will be used to interpret all drug screens/tests, whether for a pre-employment examination, reasonable suspicion test, post-accident test or follow up test. A testing contractor that uses only NHTSA will conduct alcohol testing approved devices and personnel. Alcohol concentrations exceeding **.08** will be considered a verified positive result. In the event of an accident where a firefighter has a "whole blood" alcohol drawn at a medical treatment facility, a result equal to or greater than **.08** shall be considered to be a verified positive result. An Evidentiary Breath Test (EBT) is used to confirm any initial positive test result. The Department also expressly reserves the right to add or delete substances on the list above, especially if mandated by changes in existing Federal, State or local regulations or legislation.

IV. SPECIMEN COLLECTION PROCEDURE

Testing shall be conducted by trained collection personnel who meet quality assurance and chain-of-custody requirements for collection and alcohol testing. Confidentiality is required from our labs. Any individual subject to testing under this Policy shall be permitted to provide specimens in private, but subject to strict scrutiny by collection personnel so as to avoid any alteration or substitution of the specimen to be provided. Alcohol testing will likewise be done in an area that affords the individual privacy. In all cases, there will only be one individual tested at a time. Failure to appear for testing when scheduled shall be considered refusal to participate in testing, and will subject a firefighter to the range of disciplinary actions, including dismissal, and an applicant to the cancellation of an offer of employment.

The Drug Collection Process

Once a drug test is ordered, the following process must be conducted:

- 1. Properly Identify the Individual to Be Tested.** This is done by asking the donor for a photo ID such as a driver's license or other valid identification that includes a photo of the donor. If the donor has no photo ID, a supervisor who knows the donor may identify the donor. The supervisor must be present (not a phone call) and the collector must

make a notation in the remarks section of the collection form stating “No photo ID. Supervisor has identified the donor”. If the donor has no photo ID and a supervisor is not present, the test cannot be conducted.

- 2. Complete the Test Information Section of the Collection Form.** The collector prints the employer’s name and address and the review officer’s name and address go in the first section, these are usually pre-printed by the laboratory. Next the collector must print either the donor’s social security number or identification number. The reason for the test must be checked by the collector, the choices are; pre-employment, random, reasonable suspicion/cause, post accident, return to duty, follow-up, or periodic. The last part of this section deals with the selection of the actual tests that are to be performed.

- 3. Preparing for the Collection.** Several steps must be taken in order to assure that a valid specimen is obtained.

The collector must ask the donor to remove any exterior garments (coat, cap, hat, scarf, etc.) and remove all items from their pockets. This is to avoid the use of any contaminants, dilutants, or substitutions by the donor while providing the specimen.

The collector must ask the donor to wash their hands. (Primarily to remove any possible contaminants from the hands of the donor)

The collector must secure the restroom prior to the collection by; removing any substances that could be placed by the donor into the collection container (contaminating the specimen); turning off and/or “taping off” any water supply (to avoid dilution of the specimen); placing a bluing agent into any standing water such as the toilet bowl and tank (to detect an attempt to use such water as a dilutant); and post signs to remind to donor not to attempt to flush the toilet or turn on water.

- 4. Collecting the Urine Specimen.** The collector will ask the donor to select a drug test kit from several that are available and inspect the container to make sure that it is not open or contaminated. Then the collector will instruct the donor to open the container and remove only the collection cup. The two containers used for sealing the specimen for shipment are individually sealed to avoid any possible tampering while the donor is providing the specimen. The collector instructs the donor to take the cup into the restroom and provide at least 45 milliliters of urine (indicated on the side of the cup by graduated lines). The donor will be reminded at this time not to turn on any water or flush the toilet. The collector will stand outside the door so he/she can hear any attempt to interfere with the testing process. Once the donor provides the specimen to the collector, the temperature strip on the cup must be immediately read. When there is a valid temperature ranging from 90° to 100° F, the collector must check the Yes box stating that the temperature is within range. If the temperature is not within this range, the specimen may be considered invalid and a new collection may be necessary.

- 5. Splitting the Specimen and Sealing the Containers.** - The collector will instruct the donor to inspect the sealed containers and then open them. The collector will explain this process as it is completed by stating that *“your Department policy says that you are to provide a single specimen collection and that it is to be split, into two containers, in your presence and sealed”*. (This is done so that the donor understands that the same specimen is in both containers) *“The first bottle is to have a minimum of 30 milliliters, this is the bottle that will be screened initially at the laboratory, if any of the drugs tested for, screen as positive, then this very same bottle will be tested again using a very*

elaborate confirmation method called GC/MS. The second bottle is to have a minimum of 15 milliliters, this bottle is only tested if your first bottle confirms positive and you request a second test at a different laboratory through your Medical Review Officer.”

The collector must place the first seal (labeled “A”) which is attached to the collection form over the cap of the first container and down both sides, once secured the collector must instruct the donor to place his/her initials and date on the seal where indicated. The second seal (labeled “B split”) is placed on the container containing the 15 milliliters of urine in the same manner. Upon dating and initialing the containers the collector will instruct the donor to place both containers into the shipping pouch.

6. **Donor Completes Information.** - The collector will turn to the donor information page and ask the donor to print his name, day and evening telephone numbers, date and date of birth. Before signing the form the donor should read or the collector should read to the donor the certification statement. *“I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; that each specimen bottle used was sealed with a tamper-evident seal in my presence; and, that the information provided on this form and on the label affixed to each specimen container is correct.”*
7. **Collector Completes the Collection Site Information.** The most important item in this section is the box where the collector indicates that the specimen is split. The balance of this section identifies the collection facility, collector, address, telephone number, date and time and the collector’s certification with signature.
8. **Collector Completes the Chain-of-Custody Section.** After the specimen is released by the donor to the collector, the chain-of-custody section of the form indicated every person that handles the specimen and why. The donor releases it to the collector and the collector signs the chain-of-custody, the courier shipping the specimen receives the specimen from the collector and is listed on the chain-of-custody, the laboratory accessioning department receives the specimen from the courier and signs the chain-of-custody and so on. Any break in the chain-of-custody may constitute an invalid specimen for testing.
9. **Collector Distributes Copies.** The collector can now place page 1 of the collection for into the specimen container. The container must be sealed. The collector must give copy 5 “donor copy” to the donor and state *“...that in the event of a positive result, a physician known as a Medical Review Officer will call using one of the numbers given by you. The physician will want to know about any medications that you are taking as well as any over- the-counter medications that may legitimately explain the positive test result. The physician will also give you the opportunity to have the split specimen tested if you do not agree with the positive results. On your copy of the form, below your certification statement is a notice that you may want to list any medications that you are currently taking on the back of your copy of the form to serve as a memory jogger should the Medical Review Officer call you for such information”*. At this point the donor may be excused, collection is complete. The collector must now send the Medical Review Officer (MRO) copy to the MRO, the employer copy to the employer and retain the collector copy.
10. **Courier Receives Specimen for Shipment to the Laboratory**

Laboratory Analysis

When a specimen is received at the laboratory it goes through the following process.

- 1. Accessioning Department.** This area of the laboratory is responsible for bringing the specimen into the laboratory environment, logging its arrival and determining if procedures, chain-of-custody were followed and if seals are intact. Accessioning then takes the donor information and enters it into the laboratory computer database. The bar code that appears on both the collection form and the sealed bottles is scanned into the computer identifying the donor information in the database and specimens with the bar code number. Accessioning then releases the specimen labeled "A" and copy 1 of the collection form to the laboratory for testing.
- 2. Laboratory Drug Screen.** When the laboratory receives the specimen for screening, the bar code is scanned from the bottle and a printer reproduces a label that is placed on a test tube. A lab technician then compares the two bar codes both visually and electronically and proceeds to transfer a small amount of urine from the bottle labeled "A" into the bar-coded test tube. The test tube is transferred to a large carousel containing other specimens and a screening test is quickly performed on all specimens. If a specimen tests positive for one or more drugs, the specimen is flagged in the computer database for confirmation testing, a duplicate bar code seal is printed and placed on the specimen and sent to the confirmation department. If the results are negative, the results are quickly logged into the database and results are electronically transmitted via secured means to the review officer for reporting. The following levels are the cutoff whereby a screen test result is considered positive. Readings below these levels are negative:

<u>Drug</u>	<u>Preliminary Test</u>	<u>Confirmation Test</u>
Marijuana	50 ng/ml	15 ng/ml
Opiates	2000 ng/ml	2000 ng/ml
PCP	25 ng/ml	25 ng/ml
Cocaine	300 ng/ml	150 ng/ml
Amphetamines	1000 ng/ml	500 ng/ml
Methadone	300 ng/ml	300 ng/ml
Propoxyphene	300 ng/ml	300 ng/ml
Benzodiazepines	300 ng/ml	300 ng/ml
Barbituates	300 ng/ml	300 ng/ml
Methaqualones	300 ng/ml	300 ng/ml

- 3. Quality Assurance** is maintained at laboratories by conducting random proficiency tests of the laboratories to determine if they are maintaining their accuracy. In addition to these proficiency tests, every carousel or run of tests includes 3 blind proficiency tests that only the accessioning department knows about. The 3 blind specimens contain 1 negative, 1 positive and 1 cutoff, all of which is indistinguishable to the laboratory personnel. Also, Poland Medical Center or St. Elizabeth Medical Center / HMHCP will submit to laboratories double blind proficiency test specimens. These are the same type of specimens, but are submitted after every 100 tests without even the knowledge of the accessioning department of the laboratory.
- 4. Laboratory Confirmation Testing.** When a positive specimen is received for confirmation testing, the bar code on the bottle is scanned into the printer that

duplicates a bar code for each positive drug requiring a confirmation test. These labels are placed on test tubes and specimen is transferred from the bottle to the test tubes and placed into the GC/MS (Gas Chromatography/Mass Spectrometry) unit. The GC/MS not only determines the amount of a type of drug in the specimen, it also identifies it using a large database library of drugs. Once confirmed, either positive or negative, the results are electronically transferred to the review officer for reporting. The following are confirmation cutoff levels:

<u>Drug</u>	<u>Confirmation</u>	<u>Drug</u>	<u>Confirmation</u>
THC	15 ng/ml	Methadone	300 ng/ml
Opiates	2000 ng/ml	Propoxyphene	300 ng/ml
PCP	25 ng/ml	Benzodiazepines	300 ng/ml
Cocaine	150 ng/ml	Barbituates	300 ng/ml
Amphetamines	500 ng/ml	Methaqualones	300 ng/ml

- 5. Laboratory Freezer.** If a specimen is negative, the laboratory will dispose of the bottle labeled “B split” within a few days. If the specimen is positive, then the split specimen stays in storage until the review officer calls and asks to have the specimen sent to another laboratory or 1 year has elapsed. After 1 year the specimens are destroyed.

V. REVIEW OF TEST RESULTS

To ensure that every firefighter who is subjected to drug and alcohol testing by Department is treated in a fair and impartial manner, the Department has hired a Medical Review Officer (“MRO”), a medical doctor or doctor of osteopathic medicine with a specialized knowledge of substance abuse disorders. The MRO will be able to determine whether there are any valid reasons for the presence in the firefighter’s system of the substance that was tested positive.

Medical Review Officer (MRO)

- 1. Error Checking.** The MRO receives copy 2, the MRO copy that is mailed from the collector and a photocopy of copy one, laboratory copy for purposes of comparison. The MRO, or their staff will compare the two forms to see if any of the information has been changed or altered, either by the laboratory or the collector. If they are the same then they are filed to await test results from the laboratory, if they are not the same then some action must be taken. In some cases an affidavit may correct an unintentional error and in other cases the test may have to be deemed invalid.
- 2. Reporting Negative Test Results.** The reporting of a negative test result is merely administrative. The MRO issues a negative report with his/her signature, mails it to the employer and the testing process is complete.
- 3. Reporting Positive Test Results.** Upon receiving positive test results from the laboratory the MRO must immediately attempt to contact the donor to determine if prescription or over-the-counter medication may have caused the positive test result. If so the MRO will verify the medication with the donor’s physician and report the results to the employer along with evidence of a valid prescription or medication. If no medication can account for the positive test result, then the MRO will notify the donor that the test will be reported as positive and offer the firefighter the option of having the “B split” specimen tested at a different laboratory. (Most employers do not pay to have the split specimen tested and since GC/MS testing is very expensive. Positive test

results are sent to the employer who will follow their Department policy as to the disposition of the donor's employment.

- 4. Reporting Abnormal Specimens.** Many times an MRO will receive test results from the laboratory as abnormal due to dilution or adulteration. If the results of the test are positive despite the abnormal specimen then the same process is followed as with a positive test. Here are some other actions that might take place.

Dilution of a specimen occurs when both the creatinine and specific gravity of the specimen is low enough that intentional dilution is suspected. If the creatinine and/or specific gravity are below normal values that are pre-determined in human urine, the Department will view this as intentional dilution and ultimately a positive drug screen. If the screening is for pre-employment, the job offer will be rescinded. If the **diluted** drug screen is for post accident or random testing, a "second chance" will be offered by the Department on completion of a second test that would require a same sex observed collection. If the second test should be **dilute**, it is the policy of this Department to view the test as a positive test result and proceed with termination of that firefighter.

Adulteration generally occurs because the donor placed a substance directly into to the specimen cup at the time of collection. If certain specific substances are detected, such as glutaraldehyde, the MRO will immediately report the test as positive due to intentional adulteration (technically considered a refusal to test or failure to cooperate with the testing process) and report it to the employer as such. It will be the Department's position that an adulterated specimen will be treated as a refusal to test.

VI. ALCOHOL TESTING PROCEDURES

The Alcohol Testing Process

All alcohol tests shall be conducted by technicians who have been trained to use the particular evidential breath testing (EBT) or alcohol screening device (ASD) used and who are trained regarding the procedural requirements. Poland Medical Center or St. Elizabeth Medical Center / HMHCP will maintain records for any technician employed or contracted by Poland Medical Center or St. Elizabeth Medical Center / HMHCP documenting that training and proficiency tests were conducted.

Testing Devices. EBTs and ASDs used for alcohol testing shall meet the requirements set forth in NHTSAs CPL, including calibration checks of the EBTs and ASDs. Poland Medical Center or St. Elizabeth Medical Center / HMHCP will ensure that inspection, maintenance and calibration checks are performed on each EBT and that records of these checks are maintained as required. All EBTs and ASDs will be securely stored when not in use.

Privacy. Whether performed on or off Department property, alcohol testing will be conducted to afford visual and aural privacy to the firefighter being tested. Where unusual circumstances exist, such as where it is essential to conduct a test at an accident scene, visual and aural privacy must be provided to the greatest extent practicable.

Identification. Each technician may supervise only one firefighter's alcohol test at a time. The firefighter must provide the technician with positive identification (either a photo I.D. card or identification by a Department representative) prior to testing. The technician will explain the testing procedure to the firefighter.

- Step 1.** The technician will complete step 1 of the alcohol testing form.
- Step 2.** The technician will read or instruct the firefighter to read the statement “I certify that I am about to submit to alcohol testing required by Department policy and that the identifying information provided on the form is true and correct”. The firefighter must complete step 2 on this form and sign the certification. Failure to sign this certification will be considered a refusal to take the test and the firefighter shall be disciplined accordingly. A new, individually sealed mouthpiece or ASD will be used for each alcohol test and will be opened in view of the firefighter.
- Step 3.** The technician will conduct the screening test and record the results on the alcohol testing form along with the test number, alcohol device name, serial number or lot number, date and time of the test. The technician must sign and complete Step 3.

Where the screening test result is less than **.08**, no further testing is required. The results will be given to the Department confidentially and will be maintained by the Department. Where the screening test result is **.08** or greater a confirmatory test will be performed.

Confirmation Testing. The technician will instruct the firefighter “**not to eat, drink, put any substance or object into his or her mouth, and, not to belch**” during the waiting period prior to the confirmation test. The waiting period must last at least 15 minutes after the completion of the screening test. These restrictions are for the firefighter’s benefit; they prevent the possible accumulation of residual mouth alcohol.

Airblank Test. The technician will conduct an Airblank test on the EBT prior to the confirmation test. If the Airblank registers greater than 0.00, a second Airblank will be conducted. If the second Airblank registers greater than 0.00, a different EBT must be used.

Conduct Confirmation. Using a new mouthpiece the technician will conduct the confirmation test. The results must be printed and attached to the alcohol testing form. If the screening and confirmation test results differ, the confirmation test will be considered the final result..

Positive Results. A confirmed positive result will be immediately reported to the Department’s Designated Employer Representative (DER). The firefighter should be advised not to drive or operate machinery. The Department will offer to arrange to have the firefighter transported home. Under no circumstances will a technician force or restrain a firefighter from leaving the test site, or from operating equipment or vehicles.

VII. FIREFIGHTERS’ RIGHTS RELATED TO AN INITIAL POSITIVE TEST RESULT

A firefighter who tests positive under this Policy will be given an opportunity to explain the findings to the MRO prior to the issuance of a positive test result to the Department. Upon receipt of a confirmed positive finding, the MRO will attempt to contact the firefighter by telephone or in person. If contact is made by the MRO, the firefighter will be informed of the positive finding and given an opportunity to rebut or explain the findings. The MRO can request information on recent medical history and on medications taken within the last thirty days by the firefighter. If the MRO finds support in the explanation offered by the firefighter, the firefighter may be asked to provide documentary evidence to support the firefighter’s position (for example, the names of treating physicians, pharmacies where valid prescriptions have been filled, etc.). A failure on the part of the firefighter to provide such documentary evidence will result in the issuance of a positive report by the MRO with “no valid medical explanation”. A

medical disqualification of the firefighter will result. If the firefighter fails to contact the MRO as instructed, the MRO will issue a positive report to the Department.

VIII. REPORTING OF RESULTS

All test results will be reported to the MRO prior to the results being issued to the Department. The MRO will receive from the testing laboratory a detailed report of the findings of the specimen. Each substance tested for will be listed along with the results of the testing. The Department will receive a summary report, and this report will indicate that the firefighter passed or failed the test. All of these procedures are intended to be consistent with the most current guidelines for Medical Review Officers, published by the federal DHHS.

IX. STORAGE OF TEST RESULTS AND RIGHT TO REVIEW TEST RESULTS

All records of drug/alcohol testing will be stored separately and apart from the firefighter's general personnel documents. These records shall be maintained under lock and key at all times. Access is limited to designated Department officials. The information contained in these files shall be utilized only to properly administer this Policy and to provide to certifying agencies for review as required by Law. Those designated Department officials that shall have access to these records are charged with the responsibility of maintaining the confidentiality of these records. Any breach of confidentiality with regard to these records may be an offense resulting in termination of employment. Any firefighters tested under this Policy have the right to review and/or receive a copy of their respective test results. A firefighter may request from the Drug-Free Workplace Program Administrator, in writing, with a duly notarized Employee Request for Release of Drug Tests Results form, requesting that a copy of the test be provided. The Department will use its best efforts to promptly comply with this request and will issue to the firefighter a copy of the results personally or by U.S. Certified Mail, Return Receipt Requested.

X. POSITIVE TEST RESULTS

Firefighters who are found to have a confirmed positive drug or alcohol test will be immediately removed from their duties and are subject to discipline up to and including termination.

XI. TERMINATION NOTICES

In those cases where substance testing results in the termination of employment, all termination notices will list "misconduct" as the reason. Termination shall be deemed "for cause."

ACKNOWLEDGEMENT OF RECEIPT OF DRUG-FREE WORKPLACE POLICY

This form acknowledges that the firefighter has received a copy of the Department's Drug-Free Workplace Policy, has had the opportunity to discuss the Policy and have questions answered, and understands all of the provisions in the Policy. Although it reflects the Department's current Policy regarding substance use, it may be necessary to make changes from time to time to best serve the needs of our organization. However, any changes deemed necessary will be made in writing, and the modified Policy will be shared with every firefighter.

By my signature below, I acknowledge that I have received a copy of the Drug-Free Workplace Policy of _____ I understand that it is my obligation to read, understand and comply with the procedures and provisions contained within this Policy.

Date Signed

Firefighter's Signature

Printed Name of Firefighter

Witness Signature Printed Name of Witness