

APPENDICES & FORMS

for

COLUMBUS PUBLIC SCHOOLS'
SUBSTANCE-FREE (DRUG-FREE)
WORKPLACE PROGRAM
(FUNDAMENTAL PROGRAM)

Specifications as of December, 2006

Program Implementation as of _____

WORKING PARTNERS SYSTEMS, INC.

1653 Brice Road
Reynoldsburg, Ohio 43068

Phone: 614-337-8200 Fax: 614-337-0800

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Version 12/06

INTRODUCTION

Dee Mason and Working Partners Systems, Inc. have prepared these materials - including the sample policy and appendices - to assist businesses and public entities in their efforts to maintain a drug and alcohol-free workplace. We feel you will find these materials useful and state-of-the-art for addressing workplace substance abuse issues. Thank you for the opportunity to help your organization!

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Obtain Further Input

Dee Mason and Working Partners Systems, Inc. emphasize the importance of having your organization consult experienced and qualified attorneys, accountants, medical advisors, third-party consultants and other business professionals to assure the best results for organizing and building your business and for attempting to achieve a drug and alcohol free workplace, Dee Mason and Working Partners Systems, Inc. are not engaged in rendering any legal, accounting or medical advice or service upon which you can or should rely.

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APPENDICES & FORMS

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**COLUMBUS PUBLIC SCHOOLS'
LIST OF SAFETY-SENSITIVE FUNCTIONS**

Safety-Sensitive Functions - By their nature, it is deemed by the District that these work *activities* or "functions" carry higher risk to the employee, co-workers, customers or the general public. These functions meet the safety-sensitive criteria, "activities wherein a momentary lapse in attention could cause physical injury and/or death."

- While at or in a safety-sensitive environment
- While working with or handling potentially hazardous/combustible materials
- While driving a vehicle on behalf of the District
- While operating motorized equipment
- While operating power tools
- While working with electrical wiring or current
- While lifting weight greater than 50 pounds
- While working at a height of greater than 6 feet
- Other:

Safety-Sensitive Positions - A position wherein seventy-five to one hundred percent of the work activities of the position satisfy the definition above. (There may be no such designation.)

- Bus Drivers
- Maintenance Department employees
- Food Service
- Mechanics
- Custodians
- Truck Drivers
- Warehouse employees
- Special needs assistants

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**GUIDELINES FOR EMPLOYEE REFERRAL TO
EMPLOYEE ASSISTANCE PROGRAM (FIRST OCCASION) OR
DRUG/ALCOHOL TESTING (SECOND and SUBSEQUENT OCCASIONS)
BASED ON REASONABLE SUSPICION**

CEA, CSEA/OAPSE and the District's Administrators/Supervisors must be alert to declining job performance, inappropriate behavior and other symptoms of possible substance abuse. Whenever an Administrator/Supervisor has reasonable suspicion to believe substance abuse may be causing an employee's performance or behavior problems, consider the following guidelines:

- A) Document in writing all circumstances, information and facts leading to and supporting your suspicion. Include dates and times of unsatisfactory performance or questionable behavior, any reliable/credible sources of information and any objective evidence giving rise to the suspicion. Apply Form D-3, *Reasonable Suspicion Observation Checklist*.

Should the Administrator/Supervisor need support in deciding whether reasonable suspicion exists, he/she may call for support from the District-authorized EAP.

- B) In those cases where the Administrator/Supervisor, CEA, CSEA/OAPSE representative and/or witness determines that the employee's performance and/or behavior raises a safety issue or a potential threat of harm to him/her or others, the employee should be immediately removed from the work area to secure safety.
- C) Review the District's Substance-Free (Drug-Free) Workplace Program to assess what type of Program violation has occurred.
- D) 1) If the situation occurs during normal business hours, the Administrator/Supervisor should attempt to contact the Program Administrator (or her designee) and the appropriate CEA or CSEA/OAPSE representative to confer regarding what type of a violation of the District's Drug-Free Workplace Program has occurred, what corrective action should be imposed and whether drug and/or alcohol testing is necessary and/or should be required. (Testing will only be required on the second occasion of an employee exhibiting reasonable suspicion.)
- 2) If the situation occurs during an alternate shift, the Administrator/Supervisor, once having made the decision to proceed, should confer (if possible) with the Program Administrator or Designee (or another trained Administrator/Supervisor who has experience with such behavior/situations) to discuss/confirm the finding of reasonable suspicion and/or a decision to refer the employee to testing. (Testing will only be required on the second occasion of an employee exhibiting reasonable suspicion.)

NOTE: The District-authorized Assistance Services can provide general information on substance abuse, assistance in determining the extent to which an employee's performance and/or conduct problems are related to substance abuse, and background information on re-integrating non-terminated employees back into the work force.

- E) On the first occasion of reasonable suspicion, no referral to testing will occur. The Administrator/Supervisor and witness(es) (where feasible) and a CEA and CSEA/OAPSE representative (where time permits) should communicate to the employee what corrective action will be imposed. The employee will be placed on administrative leave with pay. This communication will occur in a private, confidential setting. They will discuss with the employee items listed under (G) of this document.

Within 48 hours, a hearing will be held. At the hearing, the employee may be mandatorily referred to the district-authorized Employee Assistance Program for assessment and any necessary treatment. The employee may be placed off duty with or without pay.

- (F) On the second occasion of reasonable suspicion, the employee will be immediately removed from duty and tested for drugs and alcohol. After the collection process is completed, he/she will be off-duty, with or without pay, until the test results are known. The employee will again be referred to the district-authorized Employee Assistance Program and will also be subject to a Last Chance Agreement.

- G) Once a determination has been made to refer the employee for testing, the Program Administrator or Designee should:

- 1) notify the collection facility that an employee is being sent for testing and question whether a qualifying EBT is available. (The Administrator/Supervisor should confirm where qualifying EBT testing will occur or arrange for a blood-alcohol collection.) Further, the collection facility should be instructed to notify the Administrator/Supervisor and/or witness when collection procedures are completed; and
- 2) when appropriate, make arrangements to transport the employee to the collection site for the drug and/or alcohol test and to home or back to the appropriate work facility following the collection process; and
- 3) ready a copy of the *Substance Abuse Testing Consent Form* (Form D-2) if the employee does not already have a signed copy in his/her personnel file; and
- 4) prepare any necessary paperwork: i.e. *Drug/Alcohol Testing Collection Site Instruction Form* (Form D-4) for the employee to take or to be faxed ahead to the collection site; and
- 5) within 24 hours, notify Human Resources if otherwise not notified.

NOTE: For the safety of the employee, other employees, and the general public, steps should be taken to attempt to ensure that the employee in question does not drive a vehicle. If the employee refuses assistance with transportation, inform the employee that it will be considered a violation of this Program and he/she will be subject to corrective action, up to and including termination. Further, inform the employee that law enforcement officials will be called and notified of the employee's license plate if he/she drives. If the employee drives off the District premises, the Program Administrator/ Designee will call local law enforcement explaining the situation and providing the employee's license plate number. Ultimately however, it is the employee's choice whether to accept District-provided transportation.

- G) In a confidential manner and in a private location, the Administrator/Supervisor and witness(es) and a CEA and CSEA/OAPSE representative (when available) should discuss with the employee:
- the facts and instances of questionable performance and/or behavior;
 - whether the employee is required to go for a reasonable suspicion test; and
 - what will be the employee's work status following specimen collection (on or off the job, with or without pay).

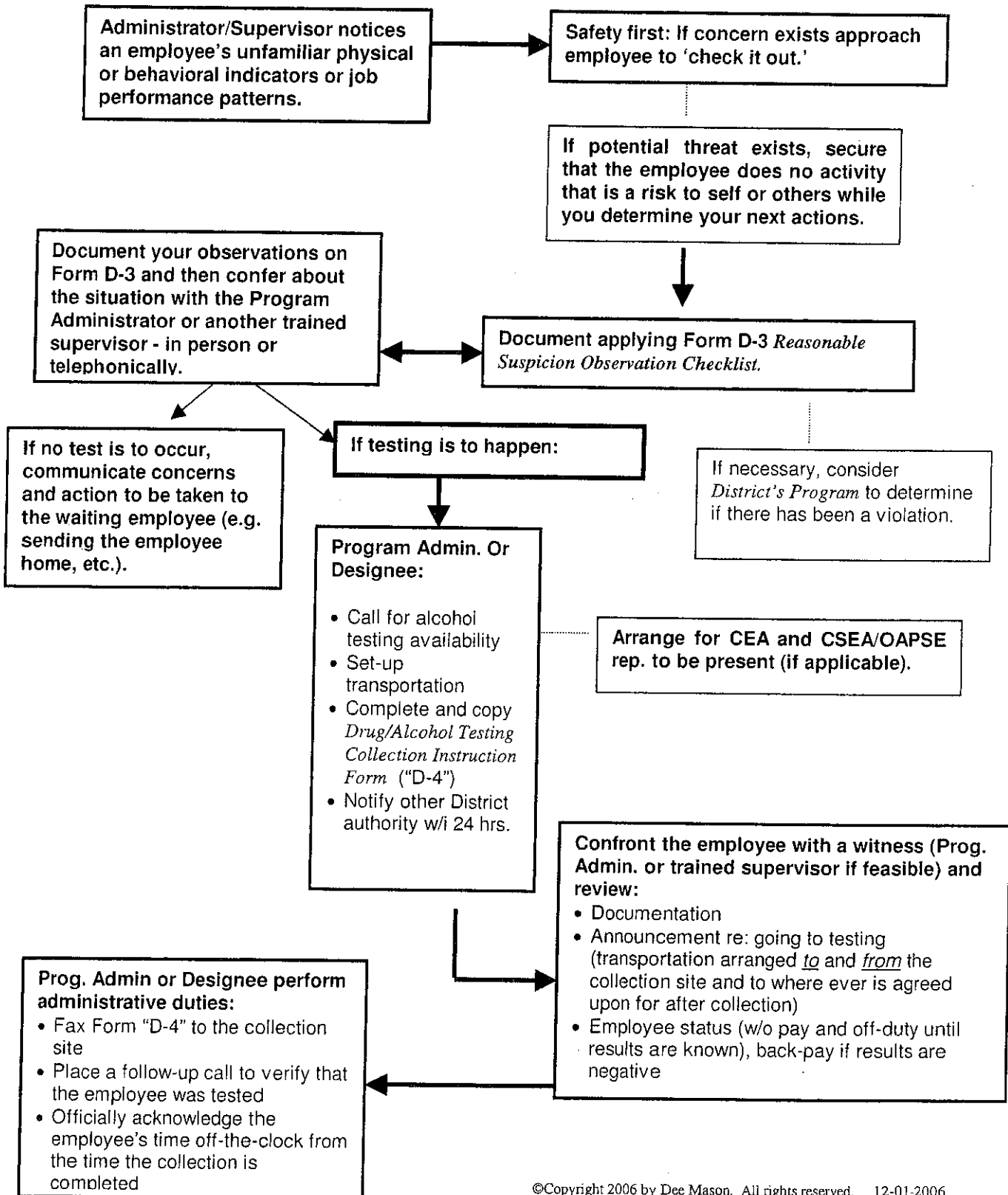
Either the individual who was contacted and conferred with above in (D) or another trained Administrator/Supervisor should serve as a witness to the discussion, (where feasible) along with a CEA and CSEA/OAPSE representative (when available and if time permits).

- H) The Administrator/Supervisor should officially acknowledge the employee's time off-the-clock, escort the employee to the waiting transportation and receive notice from the collection site when the employee has completed the collection process.
- I) In those cases where an Administrator/Supervisor discovers an employee possessing what appears to be an illegal drug or alcohol, he/she should:
 - 1) ask to confiscate the substance and any related paraphernalia (handle as little as possible, if possible wear gloves). If the employee refuses to cooperate, local law enforcement officials can be called, wrap any confiscated substance and related paraphernalia in any available clean material (e.g. paper towel, copier paper, handkerchief) and keep the package in a locked and secure place where it cannot be tampered with,
 - 2) if not right away, as soon as possible, put the still-wrapped materials into a large envelope, seal the envelope completely, write his/her initials *over* the seal of the envelope in several places, write the employee's name on the envelope, and the date at the top of the envelope, and
 - 3) turn over the envelope as soon as possible to the Program Administrator or his/her designee. That person will then become responsible for turning any illegal substances over to local law enforcement officials. The Administrator/Supervisor and the Program Administrator should witness and document when and to whom from local law enforcement the envelope was turned over.

NOTE: The Program Administrator/Designee should be called immediately if any unattended substance that appears to be an illegal drug or paraphernalia is discovered. He/She in turn will call law enforcement authorities and assist in their confiscation of the substance(s).

**REMEMBER TO
DOCUMENT! DOCUMENT! DOCUMENT!**

**- REASONABLE SUSPICION TESTING-
STEPS FOR REFERRAL**



**COLUMBUS PUBLIC SCHOOLS'
SUBSTANCE-FREE (DRUG-FREE) WORKPLACE
PROGRAM ACKNOWLEDGMENT FORM
and
POST-ACCIDENT RESPONSIBILITIES FOR
PERSONNEL WHEN OFF-SITE**

I have received, reviewed and understand *Columbus Public Schools' Policy Commitment To A Substance-Free (Drug-Free) Workplace*. I understand the benefits it offers and the requirements it imposes. I understand and agree that even more detail of the District's program can be found in the *Columbus Public Schools' Operational Guidelines To A Substance-Free (Drug-Free) Workplace Program*. I acknowledge that I have been given access and the opportunity to review the *Columbus Public Schools' Operational Guidelines To A Substance-Free (Drug-Free) Workplace Program*, and that the Program Administrator, identified in the *Policy Commitment*, can further assist me with any questions or concerns I have about this program.

I also understand and agree that I must comply with the program as a condition of my employment with the District, and that any violation of the program and/or my failure to comply with any aspect of the program may be a basis for corrective action, including termination of my employment. The termination will be deemed "for cause" and may affect my ability to receive unemployment benefits.

I further understand and agree that nothing in the commitment or the program's operational guidelines -- or in any oral representations by the District about or related to its implementation or enforcement of the program -- constitutes an express or implied contract of employment, or any promise upon which I can rely. All employment relationships with the District remain "at will" unless covered by a collective bargaining agreement(s).

In addition, if my position is safety sensitive or when I am driving a district vehicle (defined as District Property or Premises in this program) as part of my job requirements, I understand that I am responsible for being drug and/or alcohol tested following a work-related accident as defined in this program even if I am off-site at the time of the accident. In such circumstances, I am responsible to contact my Administrator/Supervisor or another management person from the District to arrange for the testing. I agree to sign any authorization required by the District and/or the testing laboratory to permit such testing to be conducted and to permit disclosure of the test results to the District.

If I seek medical attention on my own for an injury that occurred during work hours, I am responsible to notify the District no greater than two hours of arrival at the medical facility or before departure from the facility, whichever comes first. (That is not two hours after treatment -- but two hours after arrival to the facility for treatment.)

Any delay in promptly informing the District of my involvement in an accident may be deemed a refusal to test if the delay is not supported by a credible and justified explanation.

I also understand that failure to comply with such post-accident testing may be deemed either a refusal to be tested or a positive drug and alcohol test under Columbus Public Schools' Drug-Free Workplace Program, and that I may thereafter be subject to corrective action under the District's program.

I understand that my refusal to have a post-accident test or if my post-accident test is positive as defined by this Program, my right to receive workers' compensation benefits for any injuries sustained in that accident may be negatively affected.

Date

Employee's Signature

Representative for Columbus Public Schools

Employee's Name (printed)

Parent's or Guardian's Signature
(for employees under 18 years of age)

(A copy of this signed form is to be provided to the employee.)

**COLUMBUS PUBLIC SCHOOLS'
SUBSTANCE ABUSE (DRUG-FREE)
TESTING CONSENT/AUTHORIZATION FORM**

I understand that the Substance-Free (Drug-Free) Workplace Program establishes conditions under which I may be required to provide a urine, breath, saliva and/or blood sample for drug and/or alcohol testing. Should this occur, I hereby consent to such testing. I further authorize the testing laboratory to release my test results to designated managers and/or the outside reviewing agent(s) chosen by the District.

Although contractual guidelines or collective bargaining agreements may provide other limitations, I am here informed of the limitations associated with Federal health care privacy rules. That is, if the person or entity who receives my protected health information is not covered by the Federal health care privacy regulations, my personal health information that was disclosed will no longer be protected and may be re-disclosed to another person or entity according to the Federal health care privacy rules.

Should there be a positive test result, I understand that I may be given the opportunity to explain and give information about the drugs found to be in my system to a Medical Review Officer ("MRO"). This MRO may ask me to provide, and I agree to provide, information about any legal non-prescription drugs and other drugs for which I have a prescription that I take routinely or have taken within the last thirty (30) days.

I understand that:

- any communication I may have with the collection site personnel, testing laboratories or MRO does not create or imply any form of doctor/patient relationship.
- the testing laboratory and the MRO referenced herein may receive compensation for providing the test results to my employer.
- I have the right to request a re-test of the original specimen, at my own cost.
- I may inspect or copy the information disclosed under this authorization and that such information may be automatically provided to me but at a minimum, will also be provided to me by SFC upon my written request.
- if I am terminated as a result of a violation of this Program, my termination will be deemed "misconduct - rule violation" and may affect my ability to receive unemployment benefits.
- my refusal to have a post-accident test or if my post-accident test is positive as defined by this Program, my right to receive workers' compensation benefits for any injuries sustained in that accident may be negatively affected.

REASONABLE SUSPICION OBSERVATION CHECKLIST

STRICTLY CONFIDENTIAL

Location and Address	
Employee	
Name/Telephone, Administrator/Supervisor	
Name of District Witness	
CEA and CSEA/OAPSE Representative (If Applicable)	

DIRECTIONS

- [] Complete this checklist when an incident has occurred that provides reasonable suspicion that an employee is in violation of the District's Substance-Free (Drug-Free) Workplace Program.
- [] Check each indicator that leads you to believe that the employee is in violation of the District's program.
- [] Specify date(s) of observation(s) and indicate who else witnessed the incident (if applicable).
- [] List any additional behaviors/circumstances not included on the checklist.

A. PHYSICAL INDICATORS

(Check and Date all that apply)

INDICATOR	DATE (S), WITNESSES (if appropriate)
OVERALL	
<input type="checkbox"/> disheveled appearance	
<input type="checkbox"/> drastic changes in appearance after breaks	
SKIN	
<input type="checkbox"/> unusually pale	
<input type="checkbox"/> unusually flushed	
<input type="checkbox"/> sores or needle marks	
ODOR	
<input type="checkbox"/> smell of alcohol	
<input type="checkbox"/> smell of illegal drugs	
EYES	
<input type="checkbox"/> bloodshot	
<input type="checkbox"/> dilated pupils	
<input type="checkbox"/> pinpoint pupils	
<input type="checkbox"/> blank stare/expression	
<input type="checkbox"/> sunglasses worn at inappropriate times	
NOSE/MOUTH	
<input type="checkbox"/> dry mouth	
<input type="checkbox"/> excessive yawning	
<input type="checkbox"/> difficulty/irregular breathing/swallowing	
<input type="checkbox"/> unusual sneezing/congestion	
MOTOR SKILLS	
<input type="checkbox"/> swaying, staggering, falling	
WALKING AND TURNING	
<input type="checkbox"/> swaying, arms raised for support, stumbling, falling, reaching for support	
MISCELLANEOUS	
<input type="checkbox"/> shaking, tremoring, twitching	
<input type="checkbox"/> excessive perspiration	
<input type="checkbox"/> other - explain	

B. BEHAVIORAL INDICATORS

(Check and Date all that apply)

INDICATOR	DATE(S)
MOOD	
<input type="checkbox"/> verbally abusive	
<input type="checkbox"/> physically abusive	
<input type="checkbox"/> extremely aggressive	
<input type="checkbox"/> belligerent	
<input type="checkbox"/> giddy	
<input type="checkbox"/> moody	
SPEECH	
<input type="checkbox"/> slurred	
<input type="checkbox"/> fragmented	
<input type="checkbox"/> changes in volume	
<input type="checkbox"/> changes in speed	
FOCUS	
<input type="checkbox"/> appears disoriented	
<input type="checkbox"/> unable to focus on work	
COOPERATION	
<input type="checkbox"/> resistive	
<input type="checkbox"/> insubordinate	
MISCELLANEOUS	
<input type="checkbox"/> confession about alcohol/drug use	
<input type="checkbox"/> report of use from another employee	
<input type="checkbox"/> possession of substance looking like drug	
<input type="checkbox"/> possession of drug paraphernalia	
<input type="checkbox"/> changes in energy level	
<input type="checkbox"/> other - explain	

C. JOB PERFORMANCE PATTERNS
(Check and Date all that Apply)

INDICATOR	DATE (S), WITNESSES (if appropriate)
ABSENTEEISM	
<input type="checkbox"/> multiple unauthorized leaves	
<input type="checkbox"/> excessive sick leaves	
<input type="checkbox"/> frequent Monday/Friday, after pay-day, after holiday absences	
<input type="checkbox"/> excessive tardiness	
<input type="checkbox"/> leaving work early	
<input type="checkbox"/> unbelievable excuses for absences	
<input type="checkbox"/> frequent, unscheduled short absences	
ON-THE-JOB ABSENTEEISM	
<input type="checkbox"/> continued absences from work site	
<input type="checkbox"/> long coffee or smoking breaks	
<input type="checkbox"/> physical illness on the job	
<input type="checkbox"/> frequent trips to the bathroom	
<input type="checkbox"/> sleeping or dozing on the job	
HIGH ACCIDENT RATE	
<input type="checkbox"/> accidents on the job	
<input type="checkbox"/> accidents off the job (affecting performance)	
DIFFICULTY CONCENTRATING	
<input type="checkbox"/> work requires greater effort	
<input type="checkbox"/> job takes more time	
CONFUSION	
<input type="checkbox"/> difficulty recalling instruction/directions	
<input type="checkbox"/> difficulty handling complex tasks	
<input type="checkbox"/> difficulty recalling own mistakes	
SPASMODIC WORK PATTERNS	
<input type="checkbox"/> alternate periods of high/low productivity	
<input type="checkbox"/> submission of incomplete reports/data	
MOTIVATION	
<input type="checkbox"/> appears less committed to the job	
<input type="checkbox"/> appears unconcerned about quantity/quality	
<input type="checkbox"/> frequently expresses job dissatisfaction	
REDUCED JOB KNOWLEDGE/ TECHNICAL SKILLS	
<input type="checkbox"/> does not know work tasks	
<input type="checkbox"/> frequently needs instruction	
<input type="checkbox"/> does not use equipment properly	
<input type="checkbox"/> unable to work independently	
POOR RELATIONSHIPS ON THE JOB	
<input type="checkbox"/> overreacts to real/imagined criticism	
<input type="checkbox"/> wide mood swings	
<input type="checkbox"/> borrows money from co-workers	
<input type="checkbox"/> unreasonable resentments	
<input type="checkbox"/> unable to work with others	
<input type="checkbox"/> complaints from/about co-workers	
<input type="checkbox"/> avoids professional activities/trainings	

ADDITIONAL OBSERVATIONS/CIRCUMSTANCES AND ACTIONS TAKEN (use additional sheets as needed):

Signature - Administrator/Supervisor #1

Signature - Witness

Date

Date

COLUMBUS PUBLIC SCHOOLS'
DRUG/ALCOHOL TESTING
COLLECTION SITE INSTRUCTION FORM

Referring Administrator/Supervisor: Complete this form when sending an applicant/employee for drug/alcohol testing. Please print all information.

Applicant/employee: Present this form, the laboratory's Chain of Custody Form and/or the drug testing collection kit as applicable and a valid picture identification to collection site personnel at the time of your arrival at the designated collection site.

DATE: _____ TIME: _____

NAME OF INDIVIDUAL TO BE TESTED: _____

INDIVIDUAL'S TELEPHONE NUMBER - HOME: _____ WORK: _____

INDIVIDUAL'S SOCIAL SECURITY # OR CHAIN OF CUSTODY #: _____

TYPE OF TEST BEING REQUESTED.....

DoT? YES or NO
circle one
Non-DoT: 5- 9- 10-panel
circle one

- Reasonable Suspicion Drug & Alcohol*
Post-Accident Drug and/or Alcohol*
Return-To-Duty After a Program Violation Drug Alcohol*
Follow-up to Assessment or Treatment Drug and/or Alcohol*
Government-Required Drug and/or Alcohol*

NAME OF REFERRING ADMINISTRATOR/SUPERVISOR: _____

WORK TELEPHONE NUMBER: _____

*Alcohol testing may be performed when the situation has been assessed for direct threat and when it is job-related and consistent with business necessity.

**PROPERTY PROTECTION FORM FOR
COLUMBUS PUBLIC SCHOOLS' THIRD PARTY PROVIDERS**

With this agreement, _____ representing _____
Name Third Party Provider

acknowledges and agrees that he/she may acquire intimate knowledge and confidential
and/or proprietary information as we work together regarding the needs of _____.
Client District Name

That business information and/or materials of Dee Mason, *Working Partners*® Systems, Inc.
or Business Against Substance Abuse Coalition ("BASA") including but not limited to
the substance-free (drug-free) workplace policy, operational guidelines, appendices, forms and
manual articles are being provided to him/her for review and discussion. He/She understands
that this information is proprietary and protected under copyrights by Dee Mason, *Working
Partners*® Systems, Inc. and BASA.

_____ further agrees that *the intimate knowledge, confidential
Name
information, including the policy, operational guidelines, its appendices or any other
proprietary materials* or information about or from *Working Partners*® Systems, Inc. and or
BASA *will not be discussed, shared, copied, reproduced, transmitted and/or
distributed to any other entity* beyond himself/herself without the prior written permission
of the appropriate source; Dee Mason, *Working Partners*® Systems, Inc. and/or BASA.

Please sign below to indicate that you will comply with this requirement.

NAME Date

Representing - Third Party Provider

POST-ACCIDENT TESTING RESPONSIBILITIES for PERSONNEL WHEN OFF-SITE

IMPORTANT: IT IS THE RESPONSIBILITY OF DRIVERS AND OTHER SAFETY SENSITIVE PERSONNEL (OR PERSONNEL DRIVING A DISTRICT VEHICLE (defined as District Property or Premises in this program) AS PART OF THEIR JOB REQUIREMENTS) WHEN OFF-SITE (hereafter called "drivers") TO IMMEDIATELY REPORT ANY ACCIDENT AND ENSURE THAT A POST-ACCIDENT TEST IS PERFORMED FOLLOWING AN ACCIDENT AS DEFINED IN THE DISTRICT'S SUBSTANCE-FREE WORKPLACE PROGRAM.

"Immediately report" means no greater than within two hours of arrival at the medical facility or before departure from the medical facility (whichever comes first), whether during or following work for an injury incurred on the job. (That is not two hours after treatment - but two hours after arrival to the facility for treatment.)

1. WHEN IS A DRUG AND/OR ALCOHOL POST-ACCIDENT TEST REQUIRED?

A drug and/or alcohol test is required after an accident, whenever:

- A) there is a fatality ;
- B) anyone involved requires medical attention away from the scene of the incident;
- C) there is vehicular and/or equipment damage in apparent excess of \$1500.00; or
- D) there is non-vehicular property damage in apparent excess of \$1500.00.

You should assume that a drug and alcohol test is required. Only the District contact can excuse you from being tested.

IMPORTANT: YOUR REFUSAL TO SUBMIT TO A POST-ACCIDENT DRUG OR ALCOHOL TEST AND/OR IF YOUR TEST IS POSITIVE AS DEFINED BY THIS PROGRAM MAY JEOPARDIZE YOUR OPPORTUNITY FOR WORKERS' COMPENSATION BENEFITS (if applicable).

FURTHERMORE, A REFUSAL OR POSITIVE TEST MAY DISQUALIFY YOU FROM DRIVING A DISTRICT VEHICLE OR DRIVING FOR DISTRICT BUSINESS AS WELL AS OTHER CORRECTIVE ACTION AS OUTLINED IN THE DISTRICT'S PROGRAM.

2. WHAT MUST YOU DO AFTER AN ACCIDENT WHEN YOU NEED TO BE TESTED?

- A) You must remain readily available for testing following the accident. A failure to remain readily available will be treated as a refusal to test.

Any necessary medical treatment will not be delayed and you can leave the scene to get necessary emergency care. However, you must remain readily available for testing.

ALCOHOL TEST: You must provide a breath sample using an authorized EBT as soon as possible, but preferably not more than 8 hours after the accident.

You should not consume any alcohol within 8 hours following an accident.

NOTE: A blood test may be administered if a qualifying EBT is not available.

DRUG TEST: You must provide a urine sample for testing as soon as possible, but preferably not later than 32 hours after the accident.

- B) If you cannot provide a specimen at the time of the accident, you must provide the necessary authorization for obtaining hospital reports and other documents that would indicate whether there were any drugs or alcohol in your system. (Use the attached hospital authorization form.)
- C) A law enforcement official may perform a drug and/or alcohol test on you for their own law enforcement purposes. **The law enforcement tests do not relieve you of your responsibility to be tested under the District's Substance-Free (Drug-Free) Workplace Program regulations.** However, you should inform the District if the law enforcement officials have tested you.

3. HOW DO YOU SUBMIT A URINE OR BREATH SAMPLE?

- A) Contact the District's designated representative or the Program Administrator at the number listed below to learn where you must go to submit a sample.

Normally, you will submit a urine sample for drug testing and a breath sample for alcohol.

- B) Have a valid form of identification available.

NOTE: Upon notice of a positive test, you may request a re-test. You must make this request within 72 hours after receiving notice of the positive test.

4. WHAT DRUGS WILL I BE TESTED FOR?

You will be tested for marijuana, cocaine, opiates (heroin), amphetamines, and phencyclidine (PCP), barbiturates, methaqualone*, benzodiazepines (Valium, Librium, etc.), methadone, and Propoxyphene (Darvon).

*Methaqualone may be removed from panel if not required by a regulatory or overseeing body for compliance.

NOTE: Columbus Public Schools reserves the right to require testing for another drug that is not on this list if there is reason to believe that the employee may be under its influence and therefore safety and productivity may be compromised or if the District needs to comply with a contract or regulatory authority.

5. IF YOU NEED MORE INFORMATION CALL:

DISTRICT CONTACT:
Mira Wright, at 614-365-5780
Director, Human Resources Administration

EMPLOYEE ASSISTANCE:
Contact Human Resources for EAP information

**COLUMBUS PUBLIC SCHOOLS'
POST-ACCIDENT
HOSPITAL AUTHORIZATION FORM**

**Consent and Release of Information
For Safety Sensitive Positions and Employees
Driving a District Vehicle (defined as District Property or Premises in this program) as Part
of Their Job Requirements**

I understand, pursuant to Title 49 CFR 382.303, that I must be tested for drugs and alcohol following an FMCSA reportable accident and/or pursuant to Columbus Public Schools' Substance-Free (Drug-Free) Workplace Program which seeks to mirror the requirements of the Ohio Bureau of Workers' Compensation Drug-Free Workplace Program (or other comparable authority), that I must be tested for drugs and alcohol following a qualifying accident (as specified per governing policy.) *I also understand that any necessary medical attention will not be delayed and that I may leave the scene of the accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.* However, I will remain readily available to be tested as required.

In the event that I cannot produce a breath, saliva, blood, or urine sample at the scene and I am transported to a hospital, I hereby authorize the hospital to release any information, related to the program's testing requirements and necessary to meet the requirements of these regulations and this program such as a toxicity test report, to the designated District representative. I understand that if the person who receives my protected health information is not covered by the Federal health care privacy regulations, the personal health information disclosed may be re-disclosed to another person or entity and it will no longer be protected by the Federal health care privacy rules.

Further, I understand that I may withdraw this authorization but that to not authorize the hospital to release information pertaining to the program's testing requirements, I will be considered refusing to submit to or make myself readily available for a drug and alcohol test as required by DOT-FMCSA and the District's Drug-Free Workplace Program.

On the other hand, my refusal to sign this authorization will not affect my ability to obtain health care treatment from the testing laboratory, payment for this treatment, or my ability to enroll in a health care plan or be eligible for health care plan benefits.

I understand that my failure to submit to a drug and/or alcohol test as required by the program or my failure to remain readily available for a test, will be treated as a positive drug and alcohol test and/or failure to comply with the District's program. I understand that my refusal to have a post-accident test or if my post-accident test is positive as defined in the District's Program, my right to receive workers' compensation benefits for any injuries sustained in that accident may be negatively affected.

I understand that my signature for the release-of-information cannot be applied beyond 60 days from the date it is signed and that in the event the District representative needs such records or information from the hospital, I may be asked to sign a new Post-Accident Hospital Authorization Form for Columbus Public Schools and that failure to do so will be seen as a violation of the Program.

I understand that I may inspect or copy the information disclosed under this authorization and that my request for such should be made in writing.

I understand that the hospital or testing laboratory identified by the District may receive compensation for the use or disclosure of my protected health information to the District.

I understand that I have the right to revoke this authorization at any time, in writing, by notifying the Privacy Officer of the hospital, except to the extent that the testing laboratory has taken action in reliance upon the authorization.

Employee's/Patient's Name (Print)

Employee's/Patient's Signature

Date

Parent's or Guardian's Signature
(for employees under 18 years of age)

or

Witness

Person authorized to sign in lieu of
the patient/employee

(A copy of this signed form is to be provided to the patient.)