

# **LOS ANGELES CLEAN CARD (LACC) SUBSTANCE ABUSE POLICY**

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# LOS ANGELES CLEAN CARD (LACC) SUBSTANCE ABUSE POLICY

## 1.0 INTRODUCTION

The Los Angeles Clean Card (LACC) Substance Abuse Policy was established by a group of production plant owners in 1994 to provide a standardized program for drug and alcohol testing for all contractor employees working at participating owner sites, and to avoid duplicate testing of employees transferred to other owner sites with different policies.

For purposes of administering a uniform substance abuse policy, all contractor companies are considered a single entity, the LACC Contractor Consortium. All contractor employee members (hereinafter referred to as contractor employees or employees) of this consortium meeting the requirements of this policy are deemed to have an 'Active' status and are eligible to work at all participating owner sites. (However, each owner shall retain the option of instituting a separate policy to govern the re-entry of contractor employees with a prior 'Inactive' status who have completed recommended rehabilitation requirements and have been designated 'Active.')

Provisions of the policy have been enacted in pursuit of the following goals:

- Promote a safe work environment, by reducing workplace accidents and injuries resulting from the use of illegal drugs and misuse of alcohol;
- Standardize individual owner site requirements to reduce the cost of repetitious substance testing of contractor employees;
- Expedite access of contractor employees to owner job sites without the delay and cost of waiting for test results;
- Preserve the dignity of the working men and women through standardized testing procedures;
- Provide a program that can be easily audited to ensure compliance.

## 2.0 LACC POLICY STATEMENT

The owners of the LACC Policy are committed to establishing the highest standards of safety and health at work, by maintaining a work environment that is free of drugs and alcohol, and reducing workplace accidents and injuries resulting from the use of illegal substances and misuse of alcohol. The LACC's goal is to provide a fair and objective program that will deter the use of illegal drugs and misuse of alcohol and assist in the detection of substance abusers. This program shall be subject to approval and audit by the owners.

The use of illegal drugs and alcohol is prohibited on owner sites. The owners also prohibit contractor employees from reporting to work or being on owner premises with substances exceeding stated limits in their systems. Contractors shall not knowingly utilize the services of any person on owner premises who has failed or refused to take a drug and alcohol test (hereinafter referred to as **test**), or otherwise violated the requirements of this policy.

### **3.0 DRUG AND ALCOHOL TESTING PROGRAM**

#### **3.1 Applicability and Individuals Subject to Testing**

Any contractor applicant or employee entering owner facilities or performing any operating or maintenance function on owner property is considered a safety-sensitive employee and is subject to testing under this policy. This includes full-time, part-time, and temporary employees. The contractor's designated employee representative (DER), with responsibility for the contractor employees' compliance with this policy and the integrity of this testing program, is performing a safety-sensitive function and is, therefore, subject to testing.

#### **3.2 Substances Tested**

Although all illegal substances are prohibited on owner sites, the 10 substances listed in Appendix 2 (Drug and Alcohol Panel) are of particular concern. Substances shall be added or deleted from the list as drug usage patterns suggest the need for change. Contractors shall be notified of changes.

#### **3.3 Definition of Illegal Drugs (Substances)**

An 'illegal drug' is any drug that is not legally obtainable or is legally obtainable but has either been obtained illegally, or is not being used for its prescribed purposes.

#### **3.4 Illegal Use and Use of 'Borrowed' Prescription Medicines**

The use of any illegal drug or controlled substance (Schedules I through V of Section 202 of the Controlled Substances Act) is prohibited at all times unless a legal prescription has been written for the use of the substance. This includes, but is not limited to the substances listed in Appendix 2, as well as any substance that causes the presence of these drugs or their metabolites, such as hemp products, coca leaves, or any substance not approved for medical use by the U.S. Drug Enforcement Agency (DEA) or the U.S. Food and Drug Administration (FDA). Illegal use includes use of any illegal drug, misuse of legally prescribed drugs, and the use of illegally obtained prescription drugs. Consistent with federal law, use of another person's prescription medication, including a spouse's cough or pain medication, shall be considered unauthorized use of medication. The use of a drug that can only be obtained by prescription in the United States, but may be available without a prescription in another country, without a verifiable legitimate medical explanation, or with clinical evidence of abuse, shall be considered unauthorized use. The 'use' of a drug means the presence of the drug in the body while the employee is on duty. Positive results as defined by current cut-off limits on a drug test or alcohol test are sufficient to support the 'use' of a drug.

### **3.5 Use of Prescription Medications, Including ‘Old’ Prescriptions**

Legal drug use, as reflected by a verified prescription, results in a verified ‘negative’ by the medical review officer (MRO). Although a drug test may be verified negative by the MRO for use of a prescription drug, the MRO shall report to the DER any safety concerns in prescription drug use, or when the employee has a medically disqualifying condition. All prescription drug use shall be under the contemporaneous supervision of a treating physician. If any prescription drug being used was obtained more than two years ago, follow-up with a treating physician is required, and a substance abuse evaluation may be required.

### **3.6 Possession and Consumption of Drugs**

Consistent with the Drug-free Workplace Act of 1988, contractor employees are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of prohibited substances while on owner premises, or while on duty.

### **3.7 Prohibitions on Use of Alcohol and Other Alcohol-related Conduct**

Employees are prohibited from reporting for or remaining on duty while having an alcohol concentration of 0.02 or higher. Employers who have knowledge that an employee has an alcohol concentration of 0.02 or higher shall not allow the employee to enter or perform work on owner sites.

#### **Alcohol Concentration of 0.02 – 0.039**

An employee with a confirmed alcohol concentration between 0.02 to 0.039 shall be immediately removed from owner sites and prohibited from performing his/her duties for a minimum of 24 hours. Permission to re-enter will be denied until a subsequent test documents an alcohol concentration of less than 0.02.

#### **Alcohol Concentration of 0.04 or higher**

An employee with a positive test result (0.04 or higher) shall be immediately removed from owner sites and referred to a substance abuse professional (SAP). Before being permitted to re-enter, such employee must meet the return-to-duty (rehabilitation) requirements of the LACC Policy (Section 6.0 and Appendix 3).

#### **Pre-Duty Use and On-Call Employees**

Contractor companies shall prohibit employees from using alcohol within 4 hours prior to reporting to owner sites. Employees who are not on owner sites but could be called to duty at any time is subject to the pre-duty alcohol prohibition. Any

employee who is under the influence when called to duty must notify company personnel when contacted.

### **On-Duty Use and Other Prohibited Conduct**

Contractor companies shall prohibit employees from the possession, distribution, or consumption of alcohol while on owner premises, or while on duty.

### **Alcohol Use Following an Accident**

Employees required to take a post-accident/incident test shall not use alcohol for 8 hours following the accident or until he/she has taken a post-accident alcohol test, whichever occurs first.

## 4.0 LACC PROGRAM TERMS

### 4.1 ‘Active/Inactive’ Status and Verification System

The system will designate contractor employees as being either ‘**Active**’ or ‘**Inactive**’. Employees failing to comply with the requirements of this policy will be designated as ‘Inactive’. Employees who have demonstrated compliance with the requirements of this policy will be designated as ‘Active’. The designation of an ‘Active’ or ‘Inactive’ status does not imply use or abuse of substances.

The testing and verification process will be managed by a third-party administrator (TPA), ASAP Drug Solutions, Inc. Participating contractors and owners will have access to the LACC database for verification of each contractor employee’s status. Owners may verify only an employee’s status and will not have access to drug test results (with the exception of tests conducted under Section 5.7, entitled ‘Owner Initiated or Wall-to-Wall Testing’).

Participating contractors and owners have the right to exclude ‘Inactive’ employees from access to owner sites. An ‘Active’ designation makes an employee ‘eligible for’ but does not guarantee access to a participating owner’s site. For access, an employee may need to comply with specific owner requirements outside of this policy.

When an individual is no longer an employee, the contractor must remove him/her from the contractor company’s random pool through ‘deactivation’. Such ‘deactivation’ will place the individual and his/her current status into the ‘awaiting assignment pool’.

### 4.2 Definitions of Status and LACC Terms

#### ‘Active’ and ‘Inactive’ status:

**Active** indicates that the employee is a member of the LACC Contractor Consortium who is in compliance with the LACC program. ‘Active’ employees are eligible to work at participating owner sites.

**Inactive** indicates that the employee is ineligible for entry onto owner sites.

**Inactive-Not-on-File** indicates that the applicant/employee has not yet completed drug and alcohol testing within the LACC program. This individual will need to complete a ‘new member’ application form and will require a verified negative pre-enrollment/pre-employment test to achieve an ‘Active’ status in the LACC Consortium.

**Inactive-Pending** indicates that further action is required before the employee is eligible for entry onto owner sites.

**Inactive-Retest** indicates that the employee must take a drug and alcohol test before eligibility for entry onto owner sites can be determined.

**Inactive-Retest-MTR** indicates that the employee has missed three consecutive random tests and must take a drug and alcohol test before eligibility for entry onto owner sites can be determined.

**Inactive-MTR** indicates that the employee has missed an MTR test for which the DER is required to provide a written explanation. ASAP Drug Solutions, Inc. will determine eligibility for retest.

**Active A-A and Inactive A-A** (awaiting assignment) applies to consortium members no longer performing contract work at owner sites and who have no need to be in a contractor company's random pool. These individuals will be 'deactivated' by the DER from the company's random pool and placed in the 'awaiting assignment' pool, making them potentially eligible for immediate employment. 'Active' members will be designated 'Active A-A' when they are placed in the 'awaiting assignment' pool. 'Inactive' members will be designated 'Inactive A-A' when they are placed in the awaiting assignment pool. 'Active A-A' members in the awaiting assignment pool are subject to the 50% random selection rate requirements of the LACC policy; however, missed random tests will not be included in the count toward the 'missed three randoms' (MTR) test.

### **Definitions of terms specific to the LACC Policy**

**ASAP Drug Solutions, Inc.** – The consortium/third-party administrator (C/TPA) that provides and coordinates drug and alcohol testing services of contractor employees under the LACC Program. Its responsibilities include, but are not limited to administrative and management tasks such as random test selection, record management, and data maintenance.

**Deactivation** – Process of 'moving' or 'reassigning' an employee from a company random pool to the 'awaiting assignment' pool.

**Employee** – Any contractor employee subject to substance testing under the LACC Policy, including applicants for employment. Under the LACC policy, the terms 'employee', 'contractor employee', and 'employee member' have the same meaning.

**Contractor Employer** – Any individual or entity employing one or more individuals working on owner sites and subject to substance testing under the LACC policy. The term means the entity responsible for overall implementation of the LACC program requirements. The terms 'contractor employer' 'contractor' or 'employer' includes the owner/s, management personnel, and representative/s of the contractor company.

**Los Angeles Clean Card (LACC) Consortium** – A program jointly sponsored by participating owners and consisting of a group of contractor employers joined as a single entity for the purpose of administering a uniform substance abuse policy for all contractor employees desiring to maintain eligibility to work on owner sites.

**Owner** – Any production plant (company or representative of the company) that sponsors the LACC program or holds an executive position within the LACC. Owners are responsible for developing and implementing the LACC Drug and Alcohol Program through a consortium/third party administrator (C/TPA).

**Safety and Environmentally Sensitive Position** – Any position that includes duties with the risk for causing physical injury to self, co-workers, the general public or damage to the environment or property, as well as duties directly related to reducing that risk.

**Test** – A drug test and an alcohol test, the administration of which constitutes a complete test.

## **5.0 TYPES OF DRUG AND ALCOHOL TESTS REQUIRED**

Employee members shall be subject to substance abuse testing as follows:

- 5.1 Pre-Enrollment (Pre-Employment)
- 5.2 Random
- 5.3 Pre-Access
- 5.4 MTR (Missed Three Randoms)
- 5.5 Reasonable Suspicion/For Cause
- 5.6 Owner Initiated or Wall-to-Wall
- 5.7 Post Accident/Incident
- 5.8 Return-to-Duty
- 5.9 Follow-up
- 5.10 Other

### **5.1 Pre-Employment/Pre-Enrollment Testing**

Prior to initial enrollment in the LACC Consortium, applicants for employment and current contractor employees applying for membership in the LACC must test negative for alcohol and drugs on a pre-enrollment/pre-employment test.

Under no circumstances may an individual enter or work within an owner's facility until the following requirements are met:

- 1) The Contractor DER has completed and faxed the 'New Employee Membership Form' to ASAP Drug Solutions, Inc. at the time the applicant/employee is sent for testing.
- 2) The pre-enrollment test has been reported as negative and the individual has been given an 'Active' status.

An applicant who has completed an application at the contractor employer's place of business and fails to report to the collection site within 48 hours of being instructed to do so shall be considered to have refused to test. The designated employee representative (DER) will notify ASAP Drug Solutions, Inc. using the 'Refusal to Test' form.

If the DER sends an applicant for a drug and alcohol test and both results are negative, but the DER did not submit the 'New Employee Membership Form' within 14 days of the test, the applicant will have to submit to another drug and alcohol test.

An applicant who fails a pre-enrollment test, or is otherwise classified 'Inactive' from a refusal to test (Section 7.1), shall be denied membership into the LACC. Such applicant may re-apply after 12 months and must fulfill all the conditions specified in the Return-to-Duty provisions of this policy to regain 'Active' status. (Section 6.0 & Appendix 3.)

## 5.2 Random Testing

- a) Random test rate of fifty percent (50%):

Fifty percent of the employees shall be subject to drug and alcohol testing on an unannounced and random basis each calendar year. Random selections will be performed weekly on different days of the week.

The LACC Board reserves the right to adjust the random test rate. ASAP Drug Solutions, Inc. is responsible for random selection and notification. Contractors failing to comply with the LACC random program may jeopardize contracts at owner sites.

- b) Random Selection Procedure

- i) Employees shall be selected for testing by using a computer-based random number generator that selects employees' social security numbers or other appropriate identification numbers.
- ii) Employees remain in the random selection pool at all times, regardless of previous selection for testing. Each employee will have an equal chance of being selected for testing. Random selection makes it possible for some employees to be tested several times a year, and others not to be tested for several years.

- c) Notification of Employees

- i) Upon receipt of the random selection list the DER shall have 72 hours to notify employees of their selection.
- ii) Notified employees must report to a test collection site immediately. Any employee to be tested on an owner's property shall be accompanied to the collection site by a contractor supervisor or designee.

Any employee who fails to submit to the testing within 72-hours shall be designated 'Inactive-Retest'. A verified negative pre-access test is required before that individual regains 'Active' status. Such a pre-access test shall not be used to fulfill the 50% random test rate requirement.

An employee who fails a random test, or is otherwise classified 'Inactive' from a refusal to test (Section 7.1), shall be ineligible for entry onto owner sites for three (3) months and must fulfill all the conditions specified in the Return-to-Duty provisions of this policy to regain 'Active' status. (Section 6.0 & Appendix 3.)

### 5.3 Pre-Access Testing

A pre-access test is required for any employee with an ‘Inactive-Retest’ status or to comply with a specific employer’s or owner’s request for such a test. Upon submitting to a test, the employee’s status becomes ‘Inactive-Pending’ and he/she may enter participating owner’ facilities pending test results, unless an owner specifies otherwise.

An employee who fails a pre-access test, or is otherwise classified ‘Inactive’ from a refusal to test (Section 7.1), shall be ineligible for entry onto owner sites for three (3) months and must fulfill all the conditions specified in the Return-to-Duty provisions of this policy to regain ‘Active’ status (Section 6.0 & Appendix 3).

### 5.4 MTR Testing (‘Missed Three Randoms’ Testing)

An MTR test is required for any employee who has missed a third consecutive random test. Such an employee is designated ‘Inactive-Retest-MTR’ and is no longer eligible for entry onto owner sites until a MTR test has been performed and a verified negative test result is reported.

Within 48 hours of the receipt of the MTR list, the DER shall notify each employee of the need to test. Any employee who has been notified of the need to test must report to the collection site immediately. Failure to submit to the testing within the 48-hour period will result in the employee being designated ‘Inactive-MTR’. The DER shall provide ASAP Drug Solutions, Inc. with a written explanation for any employee’s failure to test. If lack of notification is the reason for the failure to test, the DER must ask the employee to submit to immediate collection. The employee’s status remains ‘Inactive-MTR’ until a verified negative MTR test result is reported.

After testing negative on a MTR test, an employee will not be required to take another MTR test until he/she has missed another three consecutive random tests.

An employee who tests positive on a MTR test, or is otherwise classified ‘Inactive’ from a refusal to test (Section 7.1), shall be ineligible for entry onto owner sites for two (2) years and must fulfill all the conditions, as specified in the Return-to-Duty provisions (Section 6.0 & Appendix 3) of this policy to regain ‘Active’ status. The two (2) year exclusion period may be reduced by the LACC Board, on a case-by-case basis upon review of individual circumstances.

48 hours after the MTR list has been issued, the DER will be provided a list of all employees who did not show for testing and is required to provide an explanation for each failure to test within five (5) days. (See Appendix 11.)

The DER explanations for the employee’s failure to test shall be made available to the LACC Board. Requests for additional information and/or a compliance action plan from the owner of the contractor company or the DER supervisor shall be

provided within 14 days. Failure to comply with the LACC/MTR program may jeopardize contractors' contracts at owner sites.

Case examples of possible explanations for missing a MTR test and the resulting employee status are provided below:

1. Employee was notified – refused to test or did not report for collection. [Employee is designated 'Inactive']
2. Employee is/was on vacation, sick or working out of state – employee will be notified of the need to test upon return. [Employee status remains Inactive-MTR]
3. Employee is no longer with the company and should not have been in the company pool – [Employee status remains Inactive-MTR]
4. Employee was not notified. [Employee status remains Inactive-MTR]

## **5.5 Reasonable Suspicion/For Cause Testing**

Reasonable Suspicion/For Cause Testing is meant to identify employees whose appearance, behavior, speech, or performance suggests probable drug use and/or alcohol misuse and who therefore, may pose a danger to themselves and others in the performance of their jobs. Also, a supervisor with a concern triggered by an incident or series of incidents that causes physical or other damage to the workplace or results in a decline of efficiency or productivity may require the responsible employee/s to be tested for probable drug use or alcohol misuse. Supervisors must decide whether there is reasonable cause to believe an employee is using or has used a prohibited substance. The decision to test will be based on specific, contemporaneous, articulable observations of probable drug use and/or alcohol misuse.

Indications of probable use of prohibited substances include, but are not limited to the following:

- a) Observed use of prohibited drugs or alcohol on owner premises;
- b) A pattern of abnormal conduct or erratic behavior such as physical or verbal altercations with co-workers;
- c) Arrest for a substance related offense or illegal substance possession, use, or trafficking while on owner property;
- d) Specific information of an event or behavior provided or corroborated by a reliable and credible source;
- e) Evidence that an employee has tampered with a previous substance abuse test;
- f) Being in or proximity to an area of drug-related paraphernalia, alcoholic beverages or substances prohibited by the LACC policy;

- g) The occurrence of a serious or potentially serious incident that may have been caused by human error or by breach of established safety, security, or other operational procedures.

In companies with more than 50 employees, requests for for-cause testing should be made by two supervisors, the originator of the request and a corroborating supervisor. At least one of the supervisors must be trained in recognizing the attributes of drug use and alcohol misuse. The concurrence by both supervisors can be accomplished by phone. In companies with fewer than 50 employees, one trained supervisor may make the determination for for-cause testing.

Supervisors making a for-cause determination and request for testing should proceed as follows:

1. Verify the reasonable cause decision, and if possible, review findings with another supervisor. Obtain the approval of contractor management or designee to proceed with the testing.
2. Isolate and inform the employee.
3. Promptly transport and escort the employee to the collection site for testing.
4. Within 24 hours of the observed behavior or before the results of the tests are released, whichever occurs first, document the events of the case (Appendix 5 - Reasonable Cause Documentation forms).
5. Make arrangements for the employee's safe transport home following collection. Based on the reasonable belief that the employee's ability to operate a vehicle may be impaired, instruct the employee not to drive.
6. The employee shall be removed from owner sites pending drug and alcohol test results. After submitting to testing, the employee will have an 'Inactive Pending' status pending test results.

An individual who fails a reasonable suspicion/for cause test, or is otherwise classified 'Inactive' from a refusal to test (Section 7.1), shall be ineligible for entry onto owner sites for two (2) years and must fulfill all the conditions specified in the Return-to-Duty provisions of this policy to regain 'Active' status (Section 6.0 & Appendix 3).

## **5.6 Owner Initiated or Wall-to-Wall Testing**

Contractor employees on owner premises are subject to unannounced enmasse testing for substances listed in Appendix 2. Such tests are scheduled at the discretion of the owner. Testing shall be administered to all members of a specific group on site at the time. Such groups may include, but are not limited to, all employees on site, or employees identified by shift, crew, location, craft, contractor or by any other category.

Upon notification of such testing, employees shall immediately proceed to the designated collection site or transportation vehicle that will transport them to the collection site. Any employee in the named group who has entered the owner's facility, or started his/her work shift, and who leaves after being notified or refuses to be tested, shall be reported as a 'refusal to test'.

Collection and testing protocols of wall-to-wall tests will be processed as any other test within the policy. The test results will be reported to the owner's designated representative and the employee's current employer.

An individual who fails an owner initiated or wall-to-wall test, or is otherwise classified 'Inactive' from a refusal to test (Section 7.1), shall be ineligible for entry onto owner sites for two (2) years and must fulfill all the conditions specified in the Return-to-Duty provisions of this policy to regain 'Active' status (Section 6.0 & Appendix 3).

## **5.7 Post-Accident/Incident Testing**

Employees must submit to post-accident/incident testing for any of the following reasons:

- a) The employee is involved either in a work-related accident that results in one or more recordable injuries, as defined by the Occupational Safety and Health Administration (OSHA), or an incident that causes damage to the environment or to an owner's property, or both;
- b) The employee is involved in an incident (including near misses) in which safety rules and regulations may have been violated.

After an accident/incident, the contractor representative or owner representative shall make the determination to test. After submitting to testing, the employee will have an 'Active' status pending test results. However, access may be restricted at the participating owner's site.

Post-accident/incident tests shall be conducted immediately or as soon as reasonably possible, after an accident or incident occurring on owner sites. The requirement for substance testing following an accident shall not delay necessary medical attention for the injury.

Any employee involved in an accident must refrain from alcohol consumption for eight hours following the accident or until a post-accident alcohol test can be administered, whichever occurs first.

In the event that the test cannot be conducted in the aforementioned time period because the individual has been removed from the owner's site or is unable to be transported to the collection site, the DER shall call ASAP Drug Solutions, Inc.

immediately so that a collector can be dispatched promptly for on-site collection. If a post-accident/incident test is not performed within 32 hours of the accident, the DER shall provide ASAP Drug Solutions, Inc. with a written explanation for the missed test. Such explanation shall be made available to the owner's representative upon request.

If a required post-accident/incident test was performed by state or local law enforcement authorities instead of ASAP Drug Solutions, Inc., results may be obtained and used in accordance with applicable laws.

An individual who fails a post-accident/incident test, or is otherwise classified 'Inactive' from a refusal to test (Section 7.1), shall be ineligible for entry onto owner sites for two (2) years and must fulfill all the conditions specified in the Return-to-Duty provisions of this policy to regain 'Active' status (Section 6.0 & Appendix 3).

## **5.8 Return-to-Duty Testing**

If an employee fails or has refused to take a pre-enrollment, pre-access, reasonable suspicion/for cause, random, MTR, owner initiated/wall-to-wall, or post-accident test, he/she shall be ineligible for entry onto owner sites for a period determined by the rules governing the individual test. Such employees must fulfill all the conditions specified in the Return-to-Duty provisions of this policy to regain 'Active' status (Section 6.0 & Appendix 3). Upon successful completion of a rehabilitation program, the employee must sign a Return-to-Duty agreement issued by the MRO that sets forth the conditions for return to duty, including follow-up testing, and aftercare recommendations; and take a **return-to-duty** test that must be verified negative by the MRO. The collection for a return-to-duty test is performed under direct observation.

An individual failing a **pre-enrollment** test will not be accepted into the LACC Consortium as a contractor employee member and is ineligible to enter owner sites. This individual will have a status of 'Inactive' and must fulfill all the conditions specified in the Return-to-Duty provisions of this policy to qualify for pre-enrollment re-testing. Upon successful completion of a rehabilitation program, the applicant must sign a Return-to-Duty agreement issued by the MRO that sets forth the conditions for return-to-duty, including follow-up testing, and aftercare recommendations; and take a **pre-enrollment test** (instead of a return-to-duty test) that must be verified negative by the MRO.

Any individual who fails a Return-to-Duty test, or is otherwise classified 'Inactive' from a refusal to test (Section 7.1), shall not be eligible for 'Active' status for three (3) years and must fulfill all the conditions specified in the Return-to-Duty provisions of this policy to regain 'Active' status (Section 6.0 & Appendix 3).

## **5.9 Follow-up Testing**

An individual who has failed a pre-enrollment, pre-access, reasonable suspicion/for cause, random, MTR, owner initiated/wall-to-wall, or post-accident test, and has subsequently regained an 'Active' status, is subject to all tests required by the LACC Policy, as well as unannounced follow-up testing for a period of up to five (5) years of cumulative 'Active' status after return to duty. The collection for a return-to-duty test is performed under direct observation.

The number and frequency of such testing shall be determined by the MRO, but shall consist of at least six (6) tests in the first twelve (12) months following a return to duty.

Follow-up testing notification is mailed to the employee at his/her address on file with ASAP Drug Solutions, Inc. (and the DER of his/her current employer). Any individual who misses a follow-up test shall be designated 'Inactive-Retest' pending determination of whether the missed test resulted from a 'refusal to test' (Section 7.1).

Any employee who is unable to be present for follow-up testing due to a legitimate reason, such as relocation or being on vacation, may make a request in writing to ASAP Drug Solutions, Inc. to be suspended from the follow-up program. Upon approval, the employee's status becomes 'Inactive-Retest', and the individual shall be ineligible to enter owner sites. A suspended follow-up program may be resumed at any time upon written request from the individual.

Any individual who misses three (3) consecutive follow-up tests without prior authorization from ASAP Drug Solutions, Inc. will be considered a 'refusal to test'.

An individual who fails a follow-up test, or is otherwise classified 'Inactive' from a refusal to test (Section 7.1), shall be ineligible for entry onto owner sites for three (3) years and must fulfill all the conditions specified in the Return-to-Duty provisions of this policy to regain 'Active' status (Section 6.0 & Appendix 3).

## **5.10 Other**

When an employee is tested for reasons other than those spelled out in the above provisions of this policy, ASAP Drug Solutions, Inc. will report the test as 'Other'. Such reasons may include testing of an 'Active' LACC consortium member who has been required to take a pre-employment test by a contractor company prior to being hired or a post-accident/incident test in which the authorization form does not indicate the reason for the test.

In all cases, a test reported as 'other' shall have been conducted in accordance with LACC procedures. Such tests shall be considered valid tests under this policy.

## **6.0 CONSEQUENCES OF FAILING A TEST OR REFUSING TO TEST – RETURN-TO-DUTY (REHABILITATION) REQUIREMENTS**

Compliance with the LACC Program is a condition of entry onto owner sites. Any individual who fails a test, or is otherwise classified as ‘Inactive’ from a ‘Refusal to Test’ (Section 7.1), is not eligible for entry onto owner sites. The individual must fulfill the conditions specified in this section prior to return to duty.

An individual owner has the option of instituting a separate policy for the re-entry of contractor employees with a prior ‘Inactive’ status who have completed recommended rehabilitation requirements and have a current ‘Active’ status.

### **Provisions for return-to-duty after testing positive or refusing to test**

To regain status as an ‘Active’ member of the LACC Consortium, an individual must:

A) Have been designated ‘Inactive’ for no less than the minimum exclusion period specified for the type of test;

#### **AND**

B-1) Have been evaluated face-to-face by a substance abuse professional (SAP) and followed the SAP’s recommendations for drug and/or alcohol misuse assistance or participation in a rehabilitation program;

B-2) Have successfully completed the required education or treatment, as determined by the MRO and the SAP;

B-3) Have signed a Return-to-Duty agreement that may include recommendations for additional treatment, aftercare, or support group services even after return to duty;

B-4) Have tested negative on the return-to-duty test (for an employee) or pre-enrollment test (for an applicant);

B-5) Be subject to unannounced follow-up testing for a period of up to five (5) cumulative ‘Active’ status years; and to all other tests provided for in the LACC policy;

B-6) Not have failed a drug test or ‘refused to test’ after returning to duty, and complied with all aftercare recommendations.

Employees who self-identify as substance abusers (Section 7.5) shall be designated ‘Inactive-Pending’ and shall not be excluded from owner sites for any minimum exclusion period. These individuals may regain ‘Active’ status if they complete provisions B-1 through B-6 of the return-to-duty process.

Payment for rehabilitation will be at the employee’s own expense, unless his/her employer’s drug policy specifies otherwise (Section 16).

## **RETURN-TO-DUTY/REHABILITATION PROVISIONS SUMMARY**

Type of Test or Breach of Policy	Minimum Exclusion Period	Rehabilitation Program	Return-to-Duty	Follow-up
Pre-Employment	12 months	<ol style="list-style-type: none"> <li>1. Completed a face-to-face evaluation by a substance abuse professional (SAP) and followed the SAP’s recommendations for misuse assistance or participation in an approved rehabilitation program</li> <li>2. Determined by the SAP and MRO to have successfully completed required education or treatment.</li> <li>3. Signed a Return-to-Duty Agreement which may contain recommendations for additional treatment, aftercare, or support group services even after return to duty.</li> <li>4. Tested negative on a Return-to-Duty Test (employee) or Pre-Enrollment Test (applicant)</li> <li>5. Agreed to unannounced follow-up testing for a period of up to five cumulative ‘Active’ status years.</li> <li>6. Not failed any test or ‘refused to test’ after returning to duty and complied with all aftercare recommendations.</li> </ol>		
Pre-Access	Three (3) months			
Random	Three (3) months			
MTR	Two (2) years/ case-by-case			
Reasonable Suspicion/ For Cause	Two (2) years			
Post-Accident/Incident	Two (2) years			
Wall to Wall	Two (2) years			
Return-to-Duty	Three (3) years			
Follow-up	Three (3) years			
Other	Three (3) months			
Failure to comply with return-to-duty requirements including any subsequent positive test or refusal to test	Three (3) years			
Self-identification (May be exercised only once)	No exclusion period and status shall be ‘Inactive-Pending’ not ‘Inactive’			

### **Procedures for Returning to Work**

#### ◆ **Selecting a Rehabilitation Provider:**

- In all cases, the provider must contact the substance abuse professional (SAP) or ASAP Drug Solutions, Inc. prior to initiation of and for coordination of the rehabilitation plan.
- It is the employee’s responsibility to have the provider company contact the SAP or ASAP to determine eligibility to provide rehabilitation services.
- The rehabilitation program must be acceptable to the SAP for the employee to re-qualify for ‘Active’ status in the LACC.
- The cost of rehabilitation will be paid for by the employee.

#### ◆ **Completion of Rehabilitation**

When the rehabilitation provider has determined that the employee has completed rehabilitation and is ready to return to the workplace:

- The rehabilitation provider will provide the assessment evaluation to the SAP.
- The SAP will provide a report to ASAP with recommendations for additional treatment, aftercare, or support group services, and the follow-up testing program.

- The MRO will review the report, and provide a Return-to-Duty agreement detailing the recommendations for aftercare as indicated, and the follow-up testing schedule.
- The employee indicates acceptance of the terms of the Return-to-Duty agreement by his/her signature, and is eligible to take a return-to-duty test.
- The employee must test negative on the return-to-duty test to be designated 'Active' and eligible to enter owner sites.

## 7.0 PROBLEMS IN DRUG TESTING

### 7.1 Refusal to Test

Any applicant or employee who refuses to test shall be designated 'Inactive' and be ineligible for entry onto owner sites.

Any of the following shall constitute a 'refusal to test':

- a. Failure to report for testing, within a reasonable time after notification, as determined by the DER after being directed to do so. For pre-access, random and MTR testing, the employee must report for testing immediately;
- b. Failure to remain at the testing site until the testing process is complete;
- c. Failure to provide a specimen for any test required under this policy;
- d. Failure to permit a directly observed or monitored collection, if required;
- e. Failure or declining to take a second test when directed by the DER or collector;
- f. Failure to provide a sufficient amount of urine or breath specimen when directed, unless it has been determined, through a medical evaluation, that there was an adequate medical explanation for the failure;
- g. Failure to undergo medical examination or evaluation, for the inability to provide an adequate urine or breath specimen or a claim of a legitimate medical explanation in a validity testing situation, as directed by the MRO or medical examiner in the verification process;
- h. Failure to cooperate with any part of the testing process (e.g. refusing to empty pockets when directed, or disrupting the collection process);
- i. If the MRO verifies that the test specimen has been adulterated or substituted;
- j. Failure to provide a legitimate reason for not reporting for follow-up testing or missing three (3) consecutive follow-up tests without prior authorization from the MRO;
- k. Failure to provide a legitimate reason for not reporting for MTR testing.

When an employee refuses to participate in the part of the testing process in which

- the DER is involved, the DER documents this on the 'Refusal to Test' form and notifies ASAP Drug Solutions, Inc.;
- the collector is involved, the collector documents this refusal in the custody and control form, and notifies the DER and ASAP Drug Solutions, Inc.;
- the physician performing the 'shy bladder' condition is involved, the physician notifies the MRO who will notify the DER and ASAP Drug Solutions, Inc.

Notification of refusal should be done immediately by telephone followed by secure fax.

## **7.2 Procedures in Insufficient Amount of Urine for a Drug Test**

When the applicant or employee provides an insufficient volume of urine (less than 30 ml.) for a single-specimen drug test, ‘shy bladder’ procedures (in accordance with 49 CFR Part 40 §193) will be initiated by the collection site. The individual will be asked to drink up to 40 oz. of fluid over a three-hour period. The individual must remain at the collection site and will be monitored during this waiting time. Refusing to attempt to provide a new urine specimen or leaving the collection site before the collection is complete constitutes a refusal to test. If the individual is unable to provide a sufficient specimen after three (3) hours, the DER shall be notified and the individual will be asked to obtain, within five (5) working days, an evaluation from a licensed physician, acceptable to the MRO, for failure to provide a sufficient specimen. If no valid medical reason is determined for the inability to provide a sufficient amount of urine, the individual is deemed to have refused to test.

## **7.3 Procedures in Inability to Provide Enough Breath to Permit a Valid Alcohol Test**

When the applicant or employee is unable to provide a sufficient breath specimen after at least two (2) attempts, the DER will be notified. The individual will be asked to obtain, within five (5) working days, an evaluation from a licensed physician, with appropriate expertise, concerning his/her inability to provide enough breath. If no valid medical reason is determined, the individual is deemed to have refused to test.

## **7.4 Directly Observed Urine Collections**

A directly observed urine collection [in which the observer (witness) is in the bathroom while the individual urinates] shall be conducted if:

- A urine specimen is provided that was out of temperature range.
- Action is observed indicating an attempt to tamper with the specimen at the collection site.
- The specimen appears to have been tampered with.
- The drug test is a return-to-duty or follow-up test.
- The MRO instructs the DER to send the individual in for an observed collection.

Declining an observed collection when it is required or permitted is considered a refusal to test.

## **7.5 Self-Identification**

Employees may ‘self-identify’ as substance abusers. Such identification must be made prior to being directed to take a test and/or prior to a time when employees might reasonably believe that they are about to be notified to take a test. When employees self-identify, employers must notify ASAP Drug Solutions, Inc. in writing. Self-identification without the consequence of a specified exclusion period may be exercised only once. Such employees shall be designated ‘Inactive-Pending’ and may regain ‘Active’ status by completing provisions B-1 through B-6 of the return-to-duty procedures (Section 6.0 and Appendix 3). Employees who self-identify for a second time will be designated ‘Inactive-Pending’, shall be ineligible for entry onto owner sites for three (3) months, and must fulfill all the conditions specified in the return-to-duty provisions of this policy to regain ‘Active’ status. The first and second self-identifications shall not be counted as ‘positive tests’ under the return-to-duty provisions. Employees who self-identify for the third or subsequent time will be designated ‘Inactive’, shall be ineligible for entry onto owner sites for two (2) years and must fulfill all the conditions specified in the return-to-duty provisions of this policy to regain ‘Active’ status. The option to self-identify does not apply to pre-employment, post-accident/incident, return-to-duty, or follow-up tests; or to any individual who has previously tested positive in the LACC Program or who has been otherwise classified ‘Inactive’ from a refusal to test (Section 7.1).

## **7.6 Dilute Specimens**

An employee with a reported negative dilute test will be subject to one additional retest. A positive dilute test result will be considered a positive test. The DER, upon notification of the ‘dilute’ negative result, will direct the employee to retest. The employee must immediately proceed to the designated collection site for collection of a second specimen. A positive test result from this retest, or ‘refusal to test’ will result in the same return-to-duty requirements governing the original test type. The second test (recollection), if performed, becomes the test of record for all purposes.

For pre-enrollment testing, the applicant’s status remains ‘Not on file’ until results of the retest have been verified by the MRO. For all other tests, the employee’s status remains ‘Active’ based on the initial negative, pending results of the retest.

## **7.7 Re-analysis (Retest of the Original Drug Test Specimen)**

An employee may make a request in writing to the MRO for a retest of his/her original specimen, within 72 hours of being notified of a positive drug test or refusal to test because of adulteration or substitution. The retest may be performed by the same or a second laboratory selected by the employee from a list provided by the MRO of at least two other DHHS-certified laboratories. The employee’s status

remains 'Inactive' until results of the retest have been reported. Depending on contractor company policy, the employee must pay for the retest.

## **7.8 Alternative Specimens**

Alternative specimens are authorized when an employee has a legitimate medical explanation for an inability to provide a urine specimen for drug testing or a breath sample for evidential breath testing. Blood collected following chain-of-custody procedures is the recommended alternate specimen.

## **8.0 OTHER LACC PROGRAM PROCEDURES**

### **8.1 Drug or Alcohol Test Not Completed**

In the LACC Policy, all tests consist of both an alcohol and a drug test. In the event that a test or any part of a test is not completed, the employee has 72 hours from the time of the original test to complete the test. An employee failing to complete the test within 72 hours must retake both a drug and an alcohol test.

### **8.2 Multiple Positive Tests within a 48-Hour Period**

Regardless of the number of drug and alcohol tests administered to an employee within a 48-hour period, repeated positives for the same substance will be considered a single positive. The employee will be designated ‘Inactive’ and will be ineligible to enter owners’ sites for the longest exclusion period allowed under the policy.

### **8.3 Responsibilities**

**8.3.1 ASAP Drug Solutions, Inc.** as the service agent / C/TPA has the responsibility of administering the LACC Drug and Alcohol Program. Its functions include, but are not limited to:

- Operating of the random testing program;
- Assisting with all other testing through contracting with collection sites, laboratories, MROs, and SAPs; and
- Providing drug and alcohol test statistics to owners and contractor employers.

#### **8.3.2 Contractor Company – Designated Employer Representative**

Participating contractor companies are responsible for assigning at least one designated employee representative (DER) to act on behalf of the contractor in all matters related to this policy. DERs shall receive training from ASAP Drug Solutions, Inc. and must maintain membership within the contractor’s random pool at all times. Any individual who has tested positive, or who has refused to test under this policy (Section 7.1), may not serve as DER for one (1) year following disqualification and must complete the rehabilitation requirements as specified in the Return-to-Duty provisions of this policy (Section 6.0 and Appendix 3). In the event of DER disqualification, the contractor must designate a replacement.

DER duties include but are not limited to the following:

1. Implementing and enforcing the LACC Substance Abuse Policy for the contractor company.

2. Educating employees about the LACC Substance Abuse Policy, providing them with a copy or a summary of the policy, and making available a copy for review at the contractor company.
3. Enrolling new employees and submitting 'New Employee Membership Forms' before the employee is tested.
4. Sending employees for testing with the completed and signed authorization and appropriate chain-of-custody and alcohol forms.
5. Administration of the weekly random testing and MTR testing within the times specified in the LACC policy.
6. Receiving test information and instructing the employee to contact the MRO, if the MRO has determined that an interview is required.
7. Ensuring that employees who have failed a drug test and/or tested with an alcohol concentration of 0.02 or higher, or refused to be tested do not enter or perform work on owner sites until return-to-duty provisions have been completed.
8. Coordinating return-to-duty (rehabilitation) and follow-up testing procedures.
9. Maintaining contractor pool membership by regularly 'activating' and 'deactivating' employees.
10. Submitting the 'Refusal to Test' forms when an applicant or employee has 'refused to test' (Section 7.1).
11. Ensuring that all company information provided to ASAP Drug Solutions, Inc. is correct and current.
12. Maintaining confidentiality of the employee records.
13. Ensuring that a secure fax is available for the receipt of confidential data.
14. Maintaining efficient communication by having e-mail capabilities.

## **9.0 DRUG AND ALCOHOL TESTING PROCEDURES**

Collection site and clinical laboratory personnel shall maintain the confidentiality of drug testing information and chain-of-custody documentation. They shall also protect the security and integrity of test specimens. All procedures involved in the collection, handling, and testing of the specimens will mirror Federal Mandatory Guidelines (49 C.F.R. Part 40) where applicable, unless otherwise specified in this policy. Such guidelines provide for collections under direct observation and monitored collections under certain circumstances.

### **9.1 Collection Site**

Urine collections and alcohol tests will be conducted at facilities provided by the owners, ASAP Drug Solutions, Inc., or at third party collection sites which have been contracted by ASAP Drug Solutions, Inc. All urine collections and alcohol testing will be conducted by trained personnel using Department of Transportation (DOT) protocol from 49 CFR Part 40 and in accordance with this policy.

**9.1.1** The protocol for urine collections shall conform to the single urine specimen collection protocol (49 CFR Part 40 – April 16, 1999). (Appendix 4a.)

**9.1.2** The protocol for alcohol testing shall conform to 49 CFR Part 40 – August 2001. (Appendix 4b.)

### **9.2 Drug Testing Laboratory**

**9.2.1** Drug testing will be performed by a laboratory certified by the Department of Health and Human Services under the DOT Procedures. (See Appendix 7.)

#### **Drug Testing Methodology**

Initial testing (screening) will be performed using the EMIT immunoassay technique. If the results are negative, no further testing is required. Confirmatory testing with quantitative analysis using gas chromatography/mass spectrometry (GC/MS) will be performed on all specimens screening positive. The laboratory will provide the results to the Medical Review Officer.

#### **9.2.2 Retention of Samples.**

The testing laboratory shall retain a specimen reported positive, adulterated, substituted, or invalid for a minimum of one year, in accordance with DHHS requirements.

## **10.0 Medical Review Officer and the Verification Process**

The Medical Review Officer (MRO) is responsible for reviewing and interpreting all drug test results; and shall determine whether there is a legitimate medical explanation for each confirmed positive, adulterated, substituted, or invalid drug test result from the laboratory.

The MRO will verify a test as positive if there is no legitimate medical explanation for 1) a laboratory confirmed positive drug test result at or above the confirmation level as defined by the LACC Policy (Appendix 2); or 2) an adulterated, substituted, or invalid drug test result.

Unless otherwise specified, MRO procedures for verification of test results under the LACC Policy will mirror Department of Transportation procedures.

### **Verification procedure and employee status:**

Upon receiving a report from the laboratory indicating a positive or invalid test result, or that a specimen is adulterated or substituted, the MRO will notify the DER of the need to contact the donor (employee). Test results will not be discussed with the DER prior to the MRO verification interview. During the verification process, the employee shall be designated 'Inactive-Pending'. Neither the verification process nor the status shall imply use of illegal drugs.

The DER is responsible for removing the employee from the work-site and having him/her immediately contact the MRO, using procedures that protect, as much as possible, the confidentiality of the MRO's request and interview. If the MRO verifies a negative result, the employee will be designated 'Active' and be able to return to the work-site. If additional information is needed, the employee's status remains 'Inactive-Pending' pending final verification by the MRO. If the test is verified as positive, the employee will be designated 'Inactive' and is subject to the Return to Duty provisions of this policy (Section 6.0 and Appendix 3).

Test results may be verified by the MRO without an interview when:

1. The employee refuses to discuss the test result with the MRO,
2. More than 72 hours have passed since the DER has contacted and notified the employee of the need to contact the MRO, or
3. The DER has not been able to contact the employee for five (5) days in spite of reasonable and documented efforts to do so.

### **MRO's reporting of test results:**

The MRO shall report all test results through ASAP Drug Solutions, Inc., acting as an intermediary. In addition, the MRO shall report verified positive test results, 'refusal to

test' and other non-negative test determinations to both the Company DER and ASAP Drug Solutions, Inc.

## **11.0 SUBSTANCE ABUSE PROFESSIONAL**

The substance abuse professional (SAP) is a person who evaluates applicants and employees who have violated the substance abuse policy and makes recommendations concerning education, treatment, follow-up testing, and aftercare.

A SAP must be one of the following:

- A licensed physician;
- A licensed or certified psychologist, social worker, or certified employee assistance professional (EAP); or
- A drug and alcohol counselor certified by the National Association of Alcohol and Drug Abuse Counselors Certification Commission (NAADAC) or the International Certification Reciprocity Consortium (ICRC).

The SAP must also have knowledge of, and clinical experience in, the diagnosis and treatment of disorders related to drug and alcohol abuse.

## **12.0 RECORDKEEPING PROCEDURES AND RELEASE OF INFORMATION**

### **12.1 Record Retention**

#### **Records in hard-copy format**

The following records shall be kept for at least five (5) years:

- i) Drug test records with a positive test result or ‘refusal to test’ determination.
- ii) Alcohol test records with alcohol concentration of 0.02 or higher.
- iii) SAP reports and rehabilitation records, if any.

The following records shall be kept for at least one (1) year:

- i) Drug test records with a negative test result.
- ii) Alcohol test records with alcohol concentration of less than 0.02.

#### **Records in electronic format:**

Results of all tests shall be stored in electronic format for the duration of the LACC Program plus 5 years. Records shall be archived in non-rewritable format. The database remains the property of the LACC Board.

### **12.2 General Confidentiality Rules**

ASAP Drug Solutions, Inc. and the DER shall ensure that all test records remain confidential and that measures have been established to assure confidentiality during transmission and storage of test records, and security in electronic databases. The DER must provide a secure fax number to which confidential test results can be sent.

Test results of applicants and employees will be disclosed only to the DER of the contractor employer under which the individual tested. The status, but not the individual test results of an employee may be made available to DERs of other contractor members of the LACC and to designated owner representatives for verification of eligibility to work, according to the provisions of the LACC program.

Information regarding individual test results or rehabilitation records will be released only upon the written consent of the individual or, regardless of consent, to the representative/s of any local, state or federal agency with regulatory authority; upon request by subpoena; or other legal process such as a court order. The confidentiality provisions of this section are waived if compelled by legal proceedings (e.g., grievance, arbitration or other civil or criminal administrative proceeding, lawsuit, etc.) brought by or on behalf of an individual, involving a status or the results of a test.

Statistical data of the LACC, which contain no individual identifying information, as well as anti-drug plans or policies related to drug testing and rehabilitation under the LACC policy, will be made available to participating owners for the purpose of auditing compliance and effectiveness of this policy. Owners, at their discretion, may make LACC statistical data that do not contain personal identifying information available to other production plant owners.

At the request of the owners, ASAP Drug Solutions, Inc. must immediately transfer all records pertaining to the LACC Program to any other service agent designated by the Owners. ASAP Drug Solutions, Inc. is not required to obtain employee consent for this transfer.

## **13.0 EDUCATION AND TRAINING**

### **13.1 Designated Employer Representative (DER) Training**

It is required that every DER receives DER Training through ASAP Drug Solutions, Inc. DER training records (including name, date of training) will be maintained by ASAP Drug Solutions, Inc. and the contractor, and made available to the owners upon request.

### **13.2 Supervisor Training**

Each participating contractor shall provide supervisor training regarding this policy. Training of supervisors on the recognition of performance indicators of probable drug use and the effects and consequences of substance abuse to personal health, safety and the workplace shall be included. It is required that each contractor company supervisor making reasonable cause determinations, receive at least sixty (60) minutes of training on the specific, contemporaneous, physical, behavioral and performance indicators of probable drug use and sixty (60) on alcohol misuse. Records of supervisors trained (including name, date, instructor, and training content) must be maintained by the contractor and made available to the owners and/or ASAP Drug Solutions, Inc. personnel responsible for LACC compliance auditing.

### **13.3 Employee Training**

Upon initial entry to the LACC Consortium, contractor companies shall review with each employee this policy and any additional substance abuse policy requirements of the particular work site and maintain written documentation of the review. The drug and alcohol testing consent form documents employee receipt of information regarding the LACC Policy. Contractor employers should also provide employees with informational material regarding substance use (Appendix 8), and community service telephone numbers for assistance (Appendix 6).

## **14.0 RECIPROCAL AGREEMENTS**

The owners may recognize employee members' participation in other selected consortium programs that offer reciprocity with LACC, and may allow members who are currently in good standing in other selected programs to enroll in the LACC program without having to submit to the pre-enrollment test. LACC will not allow a member who is 'Inactive' in another program to enroll in the LACC program until the rehabilitation requirements of their existing program are met to reinstate them to an 'Active' status in that program. An individual who becomes 'Inactive' under the LACC policy will likewise not be eligible for reciprocal consortiums until a return-to-duty agreement has been issued by the MRO pursuant to the LACC policy.

## **15.0 PROGRAM REVIEW, AUDIT, AND OWNERSHIP**

This program shall be monitored and is subject to revision at any time by the LACC owners' board of directors. Contractor employers will be provided 30-day advance notification of revisions to the LACC Policy.

The policies, procedures, and protocols of ASAP Drug Solutions, Inc. and records, without individual identifying information, are available for confidential audit by participating owners, contractors and their unions. The LACC Policy and drug and alcohol testing program database remain the property of the LACC owners. The LACC owners' board of directors reserves the right to select the data management company to administrate the LACC Policy on behalf of the owners.

## 16.0 COSTS

### 16.1 Contractor Employer Costs

Contractors will be responsible for the following charges:

- Annual data management fee.
- Contractors have 30 days to complete the company membership agreement and pay the sign-up/annual membership fee. If a contractor cancels membership before the year is up and then decides to become a member again, a re-activation/annual processing fee will be charged.
- Employee set-up fee.
- Specimen collection charge(s).
- Drug and alcohol testing.
- Direct costs associated with testing which arise from the employer/employee relationship (e.g., wages, travel expenses, etc.).

Contractors may recover the following costs from the individual depending on the contractor company's drug and alcohol policy:

- Re-analysis of the test specimen for drugs.
- Substance abuse professional (SAP) evaluation and rehabilitation program.
- Additional examinations or studies by a MRO-approved referral physician to determine whether a legitimate medical explanation exists for the inability to provide a breath sample or a urine sample; or test results involving adulteration or substitution.
- Return-to-duty and follow-up testing.

### 16.2 Employee Costs – Re-analysis and Rehabilitation

Contractor employees will be responsible for costs associated with re-analysis when conducted at the employee's request. He/she is also responsible for costs associated with rehabilitation and provisions of the return-to-duty program. Such costs include but are not limited to substance abuse professional (SAP) evaluations, rehabilitation treatment and testing, and return-to-duty/follow-up testing, and aftercare associated with the return-to-duty agreement. This does not preclude contribution by the contractor employer either directly or through employee benefit/medical plans.

## **Appendix 1: General Definitions of Terms in Drug and Alcohol Testing**

**Alcohol concentration** – The alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath-testing device.

**Alcohol use** – The consumption of any beverage, mixture or preparation, including any medication containing alcohol.

**Breath Alcohol Technician (BAT)** – An individual who instructs and assists individuals in the alcohol testing process and operates an EBT.

**Canceled Test** – A drug or alcohol test that has a problem identified that cannot or has not been corrected. A canceled test is neither a positive nor a negative test.

### **Chain-of-Custody (refer to Custody and Control Form)**

**Collection site** – A place designated by the employer where individuals present themselves for the purpose of providing a urine specimen for a drug test.

**Collector** – A person who instructs and assists individuals at a collection site and who receives and makes an initial inspection of the urine specimen provided by those individuals, and who initiates and completes the CCF.

**Confirmation (or confirmatory) Test** – In drug testing, a second analytical procedure to identify and quantify the presence of a specific drug or metabolite. In alcohol testing, a second test following a screening test with a result of 0.02 or higher that provides quantitative data of alcohol concentration.

**Custody and Control Form (CCF)** – Procedures to account for the integrity of each urine or blood specimen by tracking its handling and storage from point of specimen collection to final disposition of the specimen. With respect to drug testing, these procedures shall require that an appropriate drug testing custody form (CCF) be used from time of collection to receipt by the laboratory and that upon receipt by the laboratory, an appropriate laboratory chain of custody form account(s) for the sample within the laboratory.

**Dilute specimen** – A specimen with creatinine and specific gravity values that are lower than expected for human urine.

**Donor** – An employee or job applicant who provides a specimen for drug and alcohol testing.

**EBT (or Evidential Breath Testing Device)** – A device approved by the National Highway Traffic Safety Administration (NTSA) for the evidential testing of breath at the 0.02 and 0.04 alcohol concentrations.

**Initial drug test** – Refer to screening test.

**Invalid drug test** – The result of a drug test for a urine specimen that contains an unidentified adulterant or an unidentified interfering substance, has abnormal physical characteristics, or has an endogenous substance at an abnormal concentration that prevents a laboratory from completing or obtaining a valid drug test result.

**Mandatory Guidelines** – The term used to refer to the Mandatory Guidelines for Federal Workplace Drug Testing Programs initially published in the Federal Register on April 11, 1988, and revised on June 9, 1994, to establish the scientific and technical guidelines for Federal drug testing programs.

**Medical Review Officer (MRO)** – A licensed physician who is responsible for receiving and reviewing laboratory results generated by an employer's drug testing program; and evaluating medical explanations for drug test results.

**Screening Test (or initial test)** – The test used to differentiate a negative specimen from one that requires further testing for drugs or drug metabolites. In alcohol testing, an analytic procedure to determine whether an employee may have a prohibited concentration of alcohol in a breath specimen.

**Specimen** – In drug testing, urine that has been provided by a donor for a drug test. The entire sample is contained in a single specimen bottle.

**Specimen Bottle** – The bottle that, after being labeled and sealed in accordance with procedures in 49 CFR Part 40, is used to transmit a urine sample to the laboratory.

**Substance Abuse Professional (SAP)** – A licensed physician (Medical Doctor or Doctor of Osteopathy); or a licensed or certified psychologist, social worker, employee assistance professional; or an addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or by the International Certification Reciprocity Consortium/Alcohol & Other Drug Abuse). All must have knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders.

**Substituted specimen** – A specimen with creatinine and specific gravity values that are so diminished that they are not consistent with human urine.

**Appendix 2: Drug and Alcohol Panel, and Cutoff Concentrations for Initial and Confirmation Tests**

Type of Drug or Metabolite	Initial test [EMIT](ng/mL)	Confirmation test [GC/MS](ng/mL)
Amphetamines:	300	
Amphetamine		300
Methamphetamine		300
(MDMA) Ecstasy		300
Barbiturates	300	100
Benzodiazepines	300	100
Cocaine metabolites	300	150
Opiates:	300	
Morphine		150
Codeine		150
6-acetylmorphine (6-AM) - only when the specimen contains morphine at a concentration greater than or equal to 2000 ng/mL		
Marijuana metabolites	20	10
Phencyclidine (PCP)	25	25
Methadone	300	100
Propoxyphene	300	200
Alcohol	.02% (alcohol screening device ASD or EBT)	.04% (evidential breath testing device EBT)
<p>A confirmed alcohol concentration of 0.04 or higher is a positive test. The employee must be immediately removed from owner sites, prohibited from performing his/her duties, and is subject to return-to-work (rehabilitation) provisions of the LACC Policy (Section 6.0 and Appendix 3).</p> <p>A confirmed alcohol concentration of 0.02 or higher, but lower than 0.04 [0.02-0.039] will result in the employee being immediately removed from owner sites and prohibited from performing his/her duties for a minimum of 24 hours. He/she cannot enter owner sites until a subsequent test (pre-access drug and alcohol test) is negative for drugs and documents an alcohol concentration of less than 0.02.</p> <p>**The employer must arrange for the employee's safe transportation home if his/her alcohol concentration is 0.02 or higher.</p>		

### **Appendix 3: Los Angeles Clean Card (LACC) Consortium Return-To-Duty Provisions**

Designated Employer Representative (DER) Responsibilities in Return-to-Duty Procedures:

- Step 1. As DER, it is your responsibility to be familiar with each step of the Return-to-Duty Process.
  
- Step 2. Duplicates of the Return-to-Duty packages provided to your company are in this section of the LACC Policy. A complete package shall be given to an Applicant/Employee who receives notification of a verified positive test result or refusal to test. The package includes the following:
  - 1. Return-to-Duty Process

If you have any questions concerning this process, please call ASAP Drug Solutions at (562) 624-2720.

## **LOS ANGELES CLEAN CARD CONSORTIUM RETURN-TO-DUTY PROCESS**

### **Return-To-Duty Process of the Los Angeles Clean Card (LACC) Consortium to comply with the LACC Substance Abuse Policy.**

Compliance with the LACC Program is a condition of entry onto owner sites. Any individual who fails a test or is otherwise classified as ‘Inactive’ as a result of a ‘Refusal to Test’ (Section 7.1) is not eligible for entry onto owner sites.

Each owner will have the option of instituting a separate policy for the re-entry of contractor employees with a prior ‘Inactive’ status who have completed rehabilitation requirements and have a current ‘Active’ status.

#### **Procedures for return-to-duty**

To regain status as an ‘Active’ member of the LACC Consortium, an individual must:

- A) Have been designated ‘Inactive’ for no less than the minimum exclusion period specified for the type of test;

#### **AND**

- B-1) Have been evaluated face-to-face by a substance abuse professional (SAP) and followed the SAP’s recommendations for drug and/or alcohol misuse assistance or participation in a rehabilitation program;
- B-2) Have successfully completed the required education or treatment, as determined by the MRO and the SAP;
- B-3) Have signed a return-to-duty agreement that may include recommendations for additional treatment, aftercare, or support group services even after return to duty;
- B-4) Have tested negative on the return-to-duty test (for an employee) or pre-enrollment test (for an applicant);
- B-5) Be subject to unannounced follow-up testing for a period of up to five (5) cumulative ‘Active’ status years; and to all other tests provided for in the LACC policy;
- B-6) Not have failed a drug test or ‘refused to test’ after returning to duty, and complied with all aftercare recommendations.

Employees who self-identify as substance abusers (Section 7.5) shall be designated ‘Inactive-Pending’ and shall not be excluded from owner sites for any specified period. Such individuals may regain ‘Active’ status by completing provisions B-1 through B-6 of the return-to-duty procedures.

Payment for rehabilitation will be at the employee’s own expense, unless his/her employer’s drug policy specifies otherwise (Section 16).

**RETURN-TO-DUTY/REHABILITATION PROVISIONS SUMMARY**

Type of Test or Breach of Policy	Minimum Exclusion Period	Rehabilitation Program	Return-to-Duty	Follow-up
Pre-Employment	12 months	<ol style="list-style-type: none"> <li>1. Completed a face-to-face evaluation by a substance abuse professional (SAP) and followed the SAP’s recommendations for misuse assistance or participation in an approved rehabilitation program</li> <li>2. Determined by the SAP and MRO to have successfully completed required education or treatment.</li> <li>3. Signed a Return-to-Duty Agreement which may contain recommendations for additional treatment, aftercare, or support group services even after return to duty.</li> <li>4. Tested negative on a Return-to-Duty Test (employee) or Pre-Enrollment Test (applicant)</li> <li>5. Agreed to unannounced follow-up testing for a period of up to five cumulative ‘Active’ status years.</li> <li>6. Not failed any test or ‘refused to test’ after returning to duty and complied with all aftercare recommendations.</li> </ol>		
Pre-Access	Three (3) months			
Random	Three (3) months			
MTR	Two (2) years/ case-by-case			
Reasonable Suspicion/ For Cause	Two (2) years			
Post-Accident	Two (2) years			
Wall to Wall	Two (2) years			
Return-to-Duty	Three (3) years			
Follow-up	Three (3) years			
Other	Three (3) months			
Failure to comply with return-to-duty requirements including any subsequent positive test or refusal to test	Three (3) years			
Self-identification (May be exercised only once)	No exclusion period and status shall be ‘Inactive-Pending’ not ‘Inactive’			

**Procedures for Returning to Work**

◆ **Selecting a Rehabilitation Provider:**

- In all cases, the provider must contact the substance abuse professional (SAP) or ASAP Drug Solutions, Inc. prior to initiation of and for coordination of the rehabilitation plan.
- It is the employee’s responsibility to have the provider company contact the SAP or ASAP to determine eligibility to provide rehabilitation services.
- The rehabilitation program must be acceptable to the SAP for the employee to re-qualify for ‘Active’ status in the LACC.
- The cost of rehabilitation will be paid for by the employee.

◆ **Completion of Rehabilitation**

When the rehabilitation provider has determined that the employee has completed rehabilitation and is ready to return to the workplace:

- The rehabilitation provider will provide the assessment evaluation to the SAP.

- The SAP will provide a report to ASAP with recommendations for additional treatment, aftercare, or support group services, and the follow-up testing program.
- The MRO will review the report, and provide a return-to-duty agreement detailing the recommendations for aftercare as indicated, and the follow-up testing schedule.
- The employee indicates acceptance of the terms of the return-to-duty agreement by his/her signature, and is eligible to take a return-to-duty test.
- The employee must test negative on the return-to-duty test to be designated ‘Active’ and eligible to enter owner sites.

**Appendix 4a: Summary – Protocol for Urine Collection (Drug Testing)**

**SINGLE SPECIMEN URINE DRUG SCREEN COLLECTION (49 CFR Part 40 – April 16, 1999)**

1. Donor identity is to be verified by photo identification (federal, state, local government, driver's license or identification issued by the requesting employer), positive identification by an authorized employer representative or verification by the DER.
2. Drug collection procedure is to be explained to the donor.
3. The donor is directed to remove outer-clothing (e.g., jacket, coat, hat, etc.), to empty and display contents of pockets, and to leave personal belongings (purse, briefcase, etc.) in a secure place outside of the bathroom facility. Donor retains his/her wallet.
4. The collector ensures that bluing agent is in the toilet, and there is no water access. The donor is instructed not to flush the toilet until the specimen is delivered to the collector.
5. The donor is asked to wash his/her hands with no excess water or other adulterants, and to dry them. (Liquid soap is permitted.)
6. The donor is to select an individually sealed collection container, break the seal, and provide a specimen of at least 30 ml. to be handed to the collector. The collector is to wait outside the restroom door until the donor exits.
7. When the donor hands the urine specimen to the collector, the urine specimen is to remain in full sight of BOTH the donor and collector until completely sealed in a tamper-proof specimen bag.
8. In the presence of the donor, the collector checks the specimen for color and odor, signs of contamination, quality, and temperature. Temperature is to be taken within 4 minutes of the collection and documented on the Custody and Control Form (CCF).
9. At least 30 mL. of the urine is poured from the collection cup into the specimen bottle by the collector in the presence and full view of the donor. The collector then places a lid on the specimen bottle and tightens it securely.
10. The collector removes the tamper-evident seal from the CCF, places it securely over the lid/cap and down the sides, and then dates the seal. The collector verifies with the donor that the number printed on the seal corresponds to that on the CCF.
11. The donor initials the tamper-evident seal/label, and signs the certification statement on the CCF. At this time, the donor may wash his/her hands.
12. The collector completes the CCF.
13. The sealed and labeled specimen bottle and CCF are placed in the appropriate pouches of a laboratory specimen bag which is then sealed and placed in a shipping container that is securely kept until pick-up by the courier service (within 24 hours).
14. Copy 2 of the CCF is faxed to the MRO and Copy 4 to ASAP Drug Solutions, Inc. immediately after collection (and not later than 24 hours).

## **Appendix 4b: Protocol for Alcohol Testing**

Protocol for alcohol testing - Department of Transportation (DOT) procedures. (49 CFR Part 40, Subpart L.)

- A) Initial screening tests should be performed using the evidential breath testing device (EBT). Confirmation tests must be administered by evidential breath testing devices (EBT) listed on the National Highway Traffic Safety Administration Standards (NHTSA) conforming products list.
- B) If the initial screening test is 0.02 or higher, a second confirmation test must be performed. A confirmation test result of 0.04 or higher is a positive test.
- C) Before the confirmation test, a waiting period of at least fifteen (15) minutes must be observed. (The purpose of the waiting period is to ensure that the presence of mouth alcohol does not lead to an artificially high test result.)
- D) The waiting period between the screening and confirmatory test must not exceed thirty (30) minutes. If more than 30 minutes have passed since the screening test result was obtained, confirmation test procedures should continue with documentation of the time elapsed and the reason for the delay in confirmatory testing.
- E) The EBT must be calibrated according to the protocol as recommended by the manufacturer. Written calibration records are to be maintained by the collection site owner and will be subject to audit by ASAP Drug Solutions, Inc.
- F) The individual (STT or BAT) administering the test must be trained in accordance with DOT standards. Records of such training will be subject to audit by ASAP Drug Solutions, Inc.
- G) Procedures after performing the alcohol test:
  - i) If the screening test result is an alcohol concentration of less than 0.02, the STT or BAT must transmit the 'negative' test result to the DER, and may at the same time to ASAP Drug Solutions, Inc., in a confidential manner.
  - ii) If the screening test result is an alcohol concentration of 0.02 or higher, the STT or BAT must direct the employee to take a confirmation test performed by a BAT.
    - a) If the confirmed result is lower than 0.02, the test is negative.
    - b) If the confirmed result is 0.02 or higher, the results must be immediately transmitted to the DER by telephone followed by transmission in writing, or secure fax. ASAP Drug Solutions, Inc. will be notified by faxed transmission of the alcohol testing form.
    - c) An alcohol concentration of 0.02 or higher, but lower than 0.04, requires the employee's immediate removal from owner sites for a minimum of 24 hours and until a subsequent test yields a result of less than 0.02. Arrangements should be made by the contractor company supervisor for the employee's safe transportation home.
    - d) A result of 0.04 alcohol concentration or higher is a positive test and requires the employee's immediate removal from owner sites. The employee is subject to the return-to-duty (rehabilitation) provisions of the LACC Policy (Section 6.0 and Appendix 3). Arrangements should be made by the contractor company supervisor for the employee's safe transportation home.

## **Appendix 5: Steps for Conducting Reasonable Suspicion/For Cause Evaluations and Testing**

If an employee appears intoxicated or under the influence of drugs or alcohol, take the following steps:

- 1) Remove the employee from the work assignment. Treat injuries first.
- 2) Secure management witness, if possible. If bargaining unit is represented, a steward may be notified.
- 3) Observe behavior and look for physical and mental signs of drug abuse.
- 4) Ask the employee for an explanation of the behavior/signs.
- 5) Determine if there is the possibility of a medical crisis. When in doubt, call a medic or ambulance. (Medication reactions and physical illness may mimic signs of impairment and intoxication.).
- 6) If there are facts, physical and mental signs, symptoms and a pattern of behavior that would lead a trained supervisor to reasonably suspect that the condition may be caused by a prohibited substance, request a SUBSTANCE TEST. The next level supervisor should authorize the test.
- 7) Accompany the employee to the drug test collection site. Continue to observe the employee making sure that he/she is not experiencing any other reactions. Do not let the employee drive home.
- 8) DOCUMENT your observations as soon as possible. Be objective, factual and specific. Have a witness collaborate findings, if possible.
- 9) Treat the incident discretely and confidentially. Information should be given only on a need-to-know basis. Implement the program uniformly.



**A: EMPLOYEE 'REASONABLE SUSPICION/FOR CAUSE' DOCUMENTATION FORM (Confidential)**

In making a determination for reasonable cause testing, a supervisor is responsible for documenting behavior or performance indicators suggestive of drug use or alcohol misuse. The supervisor should use this checklist as documentation prior to the referral.

Employee: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle Initial  
Company: \_\_\_\_\_ Tel.: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Time: \_\_\_\_\_ am/pm  
Supervisor # 1: \_\_\_\_\_ Supervisor # 2/Witness: \_\_\_\_\_ Location: \_\_\_\_\_

This form is intended to assist a supervisor in referring a person for drug and/or alcohol testing. Place a check mark on the squares that apply to the employee's physical characteristics and/or behavior. Briefly describe specifically what the employee said or did if such information will add clarity to this report. Leave blank those factors that do not apply to the employee's condition.

- Yes  No **Absenteeism:**  
 Repeated unscheduled or unauthorized absences (# in past 12 months \_\_\_\_\_)  
 Excessive sick/authorized leave, especially for colds, etc. (# in past 12 months \_\_\_\_\_)
- Yes  No **Tardiness/ 'absenteeism' at work:**  
 Excessive tardiness on Monday morning.  
 Frequently leaving work early. (# of times a month \_\_\_\_\_)  
 Frequent unexplained disappearances from the work area.  
 Increased time spent in office with door closed
- Yes  No **Job performance issues – Lower efficiency or quality of work; difficulty in performing tasks:**  
 Memory problems, poor recall of instructions or details, mistakes made, etc.  
 Decreased quantity or quality of work – jobs taking more time or procrastination.  
 Alternate periods of high and low productivity, inconsistent work patterns.
- Yes  No **Accidents:**  
 Repeated incidents from failure to take safety precautions/frequent near misses. (# in past 12 months \_\_\_\_)  
 Documented higher accident/incident rate than other employees.
- Yes  No **Interpersonal work relationships:**  
 Significant change in relations with co-workers, supervisors, withdrawn from co-workers or supervisor.  
 Wide mood swings or inappropriate displays of emotion.
- Yes  No **Personal matters:**  
 Changes in or unusual personal appearance (dress, hygiene)  
 Changes in or unusual topics of conversation

**BEHAVIOR:**

**Mental State:**  Euphoric **Speech:**  Thick **Balance/Gait:**  Unsteady **Other:** \_\_\_\_\_  
 Drowsy  Slurred  Falling \_\_\_\_\_  
 Inattentive  Loud  Staggering \_\_\_\_\_  
 Withdrawn  Fast  Deliberate \_\_\_\_\_  
 Uncooperative  Hesitant  Reaching for support \_\_\_\_\_  
 Mood swings  Slow \_\_\_\_\_  
 Confrontational \_\_\_\_\_  
 Lethargic \_\_\_\_\_

**SIGNS:**

**Appearance:**  Disheveled **Eyes:**  Blood shot eyes **Other:** \_\_\_\_\_  
 Flushed  Tiny pupils \_\_\_\_\_  
 Excessive perspiration  Watery \_\_\_\_\_  
**Odor:**  Alcohol  Enlarged pupils \_\_\_\_\_  
 Chemical  Eyeballs jerk back/forth (Nystagmus) \_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor #1 (Print Name) \_\_\_\_\_ Supervisor #1 (Signature) \_\_\_\_\_ Date \_\_\_\_\_ Time (a.m./p.m.) \_\_\_\_\_  
Supervisor #2/Witness (Print Name) \_\_\_\_\_ Supervisor #2/Witness (Signature) \_\_\_\_\_ Date \_\_\_\_\_ Time (a.m./p.m.) \_\_\_\_\_

\*\*Note: Complete this form within 24 hours when a person is suspected of drug use by appearance or conduct **while on duty**.

**Appendix 6: Drug Abuse and Alcohol Misuse Information Helplines**

(List of resources for help with alcohol and substance abuse problems – updated 09/01/2003)

Alcoholics Anonymous (AA) or visit the web at <a href="http://www.alcoholics-anonymous.org">http://www.alcoholics-anonymous.org</a>	(562) 989-7697
Al Anon Information Line or visit the web at <a href="http://www.al-anon.org/">http://www.al-anon.org/</a>	(800) 356-9996
American Council for Drug Education or visit the web at <a href="http://www.acde.org">http://www.acde.org</a>	(800) 488-DRUG [3784]
Cocaine Anonymous National Referral Line or visit the web at <a href="http://www.ca.org/">http://www.ca.org/</a>	(800) 347-8998
Drug-Free Workplace Helpline or visit the web at <a href="http://www.drugfreeworkplace.gov">http://www.drugfreeworkplace.gov</a>	(800) 967-5752
Drug Help Services of the American Council or visit the web at <a href="http://www.drughelp.org">http://www.drughelp.org</a>	(800) 662-HELP [662-4357]
Families Anonymous or visit the web at <a href="http://www.familiesanonymous.org">http://www.familiesanonymous.org</a> <a href="http://www.tabw.org">http://www.tabw.org</a>	(800) 736-9805 (310) 815-8010
Marijuana World Services or visit the web at <a href="http://www.marijuana-anonymous.org">http://www.marijuana-anonymous.org</a>	(800) 766-6779
National Clearinghouse for Alcohol and Drug Information or visit the web at <a href="http://www.health.org/">http://www.health.org/</a>	(800) 729-6686
National Council on Alcoholism & Drug Dependency or visit the web at <a href="http://www.ncadd.org/">http://www.ncadd.org/</a>	(562) 426-8262
Substance Abuse Information and Treatment Hotline or visit the web at <a href="http://findtreatment.samhsa.gov/">http://findtreatment.samhsa.gov/</a>	(800) 662-HELP [662-4357]

Check the yellow pages under ‘Drug Abuse’ for organizations in your area.

**Appendix 7: List of LACC Program Contacts including Training Contacts**

**Consortium/Third Party Administrator C/TPA**

ASAP Drug Solutions, Inc.  
 757 Pacific Ave., Long Beach, CA 90813  
 Tel. №: (562) 624-2720  
 Toll Free №: (866) 699-ASAP (2727)  
 Fax №: (562) 624-2724

Harvey Jass	Director of Corporate Development
Cynthia Perez, C-SAPA	West Coast Client Services & Marketing Director, DER and Supervisor Drug/Alcohol Trainer
Sheila Guzman, C-SAPA	Program Administrator

**Designated Employer Representatives (DER)**

(Refer to Contractor Company)

**Medical Review Officers**

c/o ASAP Drug Solutions, Inc.

C. Brian Tang, M.D.	Medical Review Officer (MRO)
Helen Tang, M.D.	Medical Review Officer (MRO)

**Laboratories – Only DHHS Certified Laboratories**

Pacific Toxicology, Los Angeles, CA  
 Tel. №: (800) 32 TOXIC [328-6942]

**Collection Sites – Refer to [www.asapdrugsolutions.com](http://www.asapdrugsolutions.com)**

- 1) **ASAP Site:**  
 Long Beach Medical Clinic – 24 hours, 365 days  
 1250 Pacific Avenue, Long Beach, CA 90813  
 Tel. №: (562) 437-0831  
  
 Refinery Sites (Refer to ASAP website for hours)
- 2) **Third Party Collection Sites** (Refer to ASAP website for hours)

**Substance Abuse Professionals (SAP)**

Mona Gillman, R.N.  
 Tel. №: (714) 891-7742

## **Appendix 8: Drug and Alcohol Health and Safety Facts**

### **What is Substance Abuse?**

Substance abuse is:

- a) chronic, repeated use of alcohol or drugs, associated with intoxication, inability to reduce consumption, and impairment in social or occupational functioning;
- b) use of a drug for other than medical reasons (e.g. mood altering effect);
- c) use of a drug in a way other than prescribed (e.g. taking pain medications more frequently or in higher doses to obtain faster/greater relief).

### **Drug Abuse – Costs and Safety Facts**

- a) Substance abuse is estimated to be responsible for
  - More than half a million non-fatal injuries a year.
  - 40% of work-related fatalities and work-related injuries
  - Use of three to eight times as many sick days
  - Estimated employer costs in accident/injuries, absenteeism, medical claims, job turnover, theft, and lost productivity of \$36 to \$60 billion (US dollars) per year.

### **GENERAL HEALTH EFFECTS AND SIGNS & SYMPTOMS OF DRUG INTOXICATION:**

A state of intoxication from use of drugs generally results in impaired learning, concentration, and motor coordination.

### **STIMULANTS:**

#### ➤ **Amphetamines (amphetamine/methamphetamine/Ecstasy)**

Amphetamines are central nervous system stimulants that speed up the mind and body. Sleep patterns are disrupted. High doses may lead to a condition resembling schizophrenia with hallucinations, irrational thoughts and paranoia. With greater use, there is impairment of mental functions. Intoxication can lead to constriction of blood vessels resulting in strokes and heart attacks.

- *Physical effects* --Increased heart rate & blood pressure, increased respiration, perspiration & body temperature, palpitations and irregular heart rhythms, loss of consciousness or convulsions/seizures.
- *Behavioral effects*—Euphoria, hyper-excitability, inability to concentrate, restlessness, and aggressiveness.

MDMA can also produce elimination of anxiety and extreme relaxation.

➤ **Cocaine**

Cocaine is a very addictive drug with powerful stimulant effects that are similar to amphetamines, with a more rapid onset of intense euphoria ('high') followed by acute depression ('the crash'). Cocaine use results in more hospitalizations than any other illicit drug. A stroke or heart attack in persons in their twenties would probably be due to cocaine.

**DEPRESSANTS:**

- **Depressants/Sedatives** (Alcohol, Benzodiazepines, Barbiturates)
- Benzodiazepines are prescribed for stress, anxiety, panic disorders, and muscle spasms
- Barbiturates are prescribed for headaches and seizures
  - *Behavioral effects*--Confusion, memory impairment, insomnia, tremors, slurred speech, drowsiness, inattentiveness, fatigue, lethargy, poor coordination, or staggering gait.

**MARIJUANA:**

Marijuana is the most frequently used drug in the United States. It is a powerful mood altering drug. Signs and symptoms of use include chronic fatigue, lack of motivation, loss of concentration and short-term memory, slowed speech, red and watery eyes. Marijuana contains more carcinogens than cigarette smoke. Chronic smoking causes decrease in lung function and damage to the lungs.

**OPIATES:**

- **Opiates/Narcotics--Heroin, Morphine, Codeine, Methadone, Propoxyphene**

These drugs are used for pain relief. Needle users have a high risk of HIV and hepatitis.

  - *Physical effects*--Constricted pupils, drowsiness, nausea, vomiting, slowed speech, poor coordination, slow breathing rate, blood spots, track marks & puncture sites on skin.
  - *Behavioral effects*—Mood changes, confusion, depression, or apathy, or stupor.

**Phencyclidine (PCP):**

- PCP can have a depressant, stimulant and hallucinogenic effect.
  - *Physical effects*-- muscle rigidity, nystagmus (fine, rapid movement) in the eyes, rapid or irregular heart rate, elevated blood pressure, poor coordination.
  - *Behavioral effects*--Extreme mood swings (calmness to suspicion, anger, terror), confusion or agitation, violent actions.

## **WHAT IS ALCOHOL MISUSE?**

### **Alcohol misuse is:**

- Continued use despite knowledge of alcohol causing actual psychological or physical harm to the user
- Recurrent use in situations in which alcohol is physically hazardous

### **Alcohol Misuse- Costs and Safety Facts:**

#### **Accidents/Deaths**

- 50% of the 44,000 deaths on American highways each year.
- 60% of fatalities on weekend nights.
- 33% of all homicides and deaths from boating and aviation accidents.

#### **Increased Medical Costs**

- Up to 40% of general medical hospital admissions [It is the second most deadly abused drug (next to smoking)]
- 20% of the nation's total expenditure for medical care

#### **Crime**

- 50% of arrests on criminal charges

## **ALCOHOL – RECOGNIZING THE DRINKER**

Signs of the drinker are:

- Smell of alcohol on the breath
- Slurred speech
- Slow reaction time
- Poor coordination
- Staggering or loss of balance
- Flushed face
- Disheveled appearance

However, these recognizable signs may not be accurate indicators of intoxication:

- Can be unreliable in those with high/low tolerance for alcohol.
- Medical conditions may cause symptoms of being under the influence of alcohol, e.g., diabetics in 'crisis'.

## **CHRONIC EFFECTS OF ALCOHOL**

Chronic abuse of alcohol affects almost every organ system:

- **Brain:** Impaired memory and ability to process information, seizures, brain degeneration
- **Nervous System:** Peripheral nerve degeneration (pain, weakness and loss of position sense)
- **Heart:** Enlarged heart that does not contract normally (cardiomyopathy).
- **Liver disease and failure**
- **Gastrointestinal Tract:** Gastritis, ulcers with bleeding, malabsorption of nutrients, pancreatitis, varicose veins of the esophagus
- **Muscle disorders (myopathy)**
- **Immune system:** Decreased ability to fight infection
- **Pregnant women:** Fetal alcohol syndrome (poor physical and mental development of the fetus)

**Appendix 9: Summary of LACC Drug and Alcohol Testing Policy (current summary available on the web @ [www.asapdrugsolutions.com](http://www.asapdrugsolutions.com))**



## **Appendix 10: ‘Refusal to Test’ Form**

### **I. POLICY**

Current employees and applicants who refuse to test for any reason at any time, shall be designated ‘inactive’ and be ineligible for entry onto participating owner sites.

Any of the following shall constitute a ‘refusal to test’:

- a. Failure to report for testing within a reasonable time after notification, as determined by the DER after being directed to do so. For a random and an MTR test, the employee must report immediately to the test site;
- b. Failure to remain at the testing site until the testing process is complete;
- c. Failure to provide a specimen for any test required under this policy;
- d. Failure to permit a directly observed or monitored collection, if required;
- e. Failure or declining to take a second test when directed by the DER or collector;
- f. Failure to provide a sufficient amount of urine or breath specimen when directed, unless it has been determined, through a medical evaluation, that there was an adequate medical explanation for the failure;
- g. Failure to undergo medical examination or evaluation, for the inability to provide an adequate urine or breath specimen or a claim of a legitimate medical explanation in a validity testing situation, as directed by the MRO or medical examiner in the verification process;
- h. Failure to cooperate with any part of the testing process (e.g. refusing to empty pockets when directed, or disrupting the collection process);
- i. If the MRO verifies that the test specimen has been adulterated or substituted;
- j. Failure to provide a legitimate reason for not reporting for follow-up testing or missing three (3) consecutive follow-up tests without prior authorization from the MRO;
- k. Failure to provide a legitimate reason for not reporting for MTR testing.

### **II. RESPONSIBILITIES**

It is the DER’s/collector’s responsibility to have the employee who refuses to test read the above statement and sign below. The DER/collector must also circle the appropriate reason above and witness signature. ***Fax immediately to ASAP Drug Solutions, Inc. at (562) 624-2724 or call (562)624-2720.***

Additional comments as to what occurred:

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### **III. SIGNATURE AND WITNESS**

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
DONOR NAME (Please Print)

\_\_\_\_\_  
DONOR SIGNATURE

\_\_\_\_\_  
Social Security №

\_\_\_\_\_  
DATE

PLEASE CHECK HERE IF DONOR REFUSED TO SIGN \_\_\_\_\_

\_\_\_\_\_  
COLLECTOR SIGNATURE  
OR

\_\_\_\_\_  
NAME (Print)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYER NAME

\_\_\_\_\_  
NAME (Print)

\_\_\_\_\_  
DATE



**Appendix 12: ASAP Drug Solutions, Inc. Contacts**

Tel.: (562) 624-2720  
Toll Free: (866) 699-ASAP (2727)  
Fax: (562) 624-2724

<b>ADMINISTRATION:</b>		
C. Brian Tang, M.D.	President	info@asapdrugsolutions.com
Helen Tang, M.D.	Vice-President	info@asapdrugsolutions.com
Harvey Jass	Director of Corporate Development	harvey@asapdrugsolutions.com
Bing Cruz	Finance	bingc@asapdrugsolutions.com

<b>OPERATIONS:</b>		
Sheila Guzman	Program Admin./Random Pool Coordinator	sheilag@asapdrugsolutions.com
Daniel Du	Information Systems	danield@asapdrugsolutions.com
Beatriz Medina	Billing	beatrizm@asapdrugsolutions.com
Tina Baltazar	Administrative Projects	tinab@asapdrugsolutions.com

<b>CLIENT SERVICES/TRAINING/EDUCATION:</b>		
Cynthia Perez, C-SAPA	West Coast Director of Client Services/Marketing DER and Supervisor Drug/Alcohol Trainer	cynthiap@asapdrugsolutions.com
Valerie Marrder	Gulf States Operations and DER Trainer	valeriem@asapdrugsolutions.com
Carmen Flores, R.N.	Drug/Alcohol Collector Trainer	carmenf@asapdrugsolutions.com

<b>REFINERY SAFETY OVERVIEW (RSO)</b>		Fax: (562) 628-9399
Sheila Guzman	Program Administrator	sheilag@asapdrugsolutions.com

<b>MRO SERVICES:</b>			
C. Brian Tang, M.D.	Medical Review Officer	Office: (562) 624-2720	info@asapdrugsolutions.com
Helen Tang, M.D.	Medical Review Officer	Office: same	info@asapdrugsolutions.com
Long Beach Medical Clinic	MRO Services	(562) 437-0831	n/a
Rose Lizarraga	MRO Coordinator	Office: (562) 624-2720	rosel@asapdrugsolutions.com

