


## Alcohol and Drug Education Supervisory Training:

*Reasonable Suspicion*

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## The Cost Of Drugs In The Workplace

Substance abuse costs close to \$102 billion annually

- Lost productivity
- Increased absenteeism
- Accidents, injuries
- Mistakes
- High medical costs
- Stealing
- Undermined employee morale


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## Hidden Losses

- Ineffective decisions
- Diverted supervisory time
- Friction among workers
- Damage to equipment
- High personnel turnover
- Damage to public image

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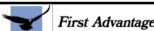
## Why Drug Test?

- Deterrence
- Tool for detecting employees who use
- Tool for monitoring workers who have tested positive and have returned to workforce

Limitations

- Negative test does not mean someone does not use or abuse drugs

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## Employer Responsibility

**In the workplace employers have:**

- A duty to provide a safe work environment
- A right to expect employees to perform tasks in a safe efficient manner
- To comply to the company & state/federal regulations

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## Company Policy & DOT

- Employers may conduct both DOT-mandated and Company authorized testing
- The written policy must clearly specify both types of testing and the circumstances in which they apply
- Testing conducted under the Company's authority cannot be documented using federal custody and control or alcohol testing forms
- Managers must be aware of both Company and DOT requirements

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## Management's General Responsibilities



First Advantage®

- ☑ Ensure that Company procedures and policy are followed completely and consistently.
- ☑ Take a firm position against substance abuse and effectively communicate support of a drug-free workplace.
- ☑ Be prepared to take action where there is reasonable suspicion that an employee is in violation of the Company's substance abuse policy

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## The Drug Testing Process



First Advantage®

- Urine Specimen Collection
- Laboratory Analysis
- Medical Review

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## Urine Specimen Collection Process



First Advantage®

- A collection facility/clinic is identified
- Custody & Control forms (CCFs) are available at the employer locations
- For reasonable suspicion testing, the employee should always be escorted/transported to the collection site
- Donor should bring valid picture ID (driver's license, school ID, military ID, etc.) or company representative must identify employee for collector

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## Collection Process Cont'd.



First Advantage®

- Employee must remove outer garments (coats, hats, etc.), leave hand carried items outside the toilet enclosure & empty and display the contents of all pockets
- Employee must wash hands
- Employee is entitled to privacy while urinating unless he/she presents a "suspect" specimen



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## Collection Process Cont'd.



First Advantage®

- Donor is never out of sight of specimen until sealed
- Temperature of specimen will be taken
- Specimen will be subdivided, poured into 2 specimen bottles, and sealed with tamper-evident labels (at least 45 mL of urine is required)
- The donor will initial the tamper evident seals
- The donor and collector will complete the CCF, ensuring that the specimen ID number on the CCF matches the ID number on the bottles
- CCF copy and specimens are secured in a plastic shipping bag
- The donor is provided a copy of the CCF
- The collector faxes copies of the CCF to the MRO and the Company DER

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## Collection Issues



First Advantage®

### Shy Bladder—Unable to urinate an adequate amount; or unable to urinate when someone is in close proximity

- Provide up to 40 oz of fluids at collection site
- Discontinue collection after 3 hrs; complete CCF
- Inform DER; Donor must have a medical evaluation by company designated physician
- Physician reports findings to MRO; If no medical condition to explain shy bladder, test is reported as refusal to test

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## The Laboratory



- Maintains chain of custody on all specimens
- Quality control (both internal and external proficiency testing programs)
- Testing of specimens for 5 classes of drugs
- SAMHSA Certification

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## Laboratory Analysis



- Lab does initial screen (immunoassay) for drugs and may conduct specimen validity testing
- Initial positive results are confirmed using a second, analytical method (GC/MS)
- Cut-off values (ng/mL) are used to determine positive findings
- Specimens that are “fatally flawed” are rejected by the laboratory (CCF errors, unsealed bottles, etc.)
- All results are reported to MRO

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## Basic MRO Functions



- Receive test results from the laboratory
- Review the CCF for completeness and accuracy
- Verify the result
- Report the result to the DER
- Retain test result records

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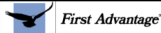
## Medical Review



- Conduct interview with donor for all non-negative tests
- Inform donor of test result and offer opportunity to present legitimate medical explanations for the laboratory findings
- Review collection process to ensure essential procedures were followed
- Validate medical explanations
- Offer donor opportunity for split specimen analysis

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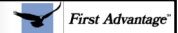
## MRO Verified Results



- Negative or negative dilute (specimen's creatinine and specific gravity are lower than expected values)
- Positive or positive dilute (specific drug(s) detected are reported)
- Canceled test
  - *Fatal flaw, uncorrected error, invalid specimen, other problem results*
- Refusal to test
  - *Specimen substituted or adulterated; failure to provide a specimen with no medical explanation; failure to submit to direct observation collection or medical examination, as required*

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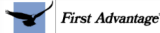
## Negative Results



- MRO will report negative results immediately after CCF review (1-3 days after specimen collection)
- Employer may require another test if result is negative dilute (must accept results of second test even if dilute)
- Negative result means there was no drug present above the cut-off levels or there was a legitimate medical explanation for drugs detected

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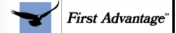
## Positive Results



- Positive result is reported after MRO interview with donor
- Drug(s) detected are reported, but not the amount of drug(s)
- Donor has 72 hours to request testing of split specimen (result is reported before split specimen testing is initiated or completed)
- Employee must be immediately removed from safety-sensitive position (applicant cannot be hired)

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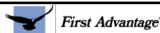
## Results (Other)



- In Process – MRO is awaiting receipt of CCF or attempting to contact the donor (internal First Advantage)
- Cancelled – MRO provides reason for cancellation (will direct re-collection of specimen where indicated)
- Refusal to Test – MRO will provide explanation and employer must immediately remove employee from safety-sensitive position

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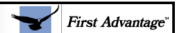
## Testing Panel



- Amphetamines (amphetamine & methamphetamine)
- Cocaine
- Marijuana
- Phencyclidine (PCP)
- Opiates (morphine, codeine and heroin)

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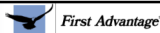
## Amphetamines



- Amphetamine (speed, uppers) or methamphetamine (ice, crystal meth)
- Used for weight loss, increased energy and wakefulness
- Vicks inhaler can cause positive lab test, but additional analysis can rule out Vicks as cause
- Prescription amphetamines used for treatment of:
  - *Narcolepsy*
  - *ADD*
  - *Parkinson's*
  - *Depression*
- Detected in urine 1-3 days after use

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## Observable Effects

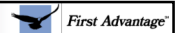


AMPHETAMINES — Possible signs of use include:

- *Hyperalertness*
- *Hyperactivity*
- *Talkativeness*
- *Mood elevation*
- *Exhaustion*
- *Loss of appetite*

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## Cocaine



- Benzoylcegonine is metabolite tested
- Used as local anesthetic (e.g. TAC) and in some dental and facial surgeries
- Detected in urine 1-3 days after use

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## Observable Effects

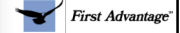


COCAINE — Possible signs of use include:

- Dilated pupils
- Dry mouth or nose
- Excessive restless activity
- Lack of interest in food or sleep
- Euphoria
- Irritability, argumentativeness, nervousness
- Runny nose, cold or chronic sinus/nasal problems, nosebleeds
- Talkative – but conversation often lacks continuity, subject change very rapidly

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## Marijuana



- Delta-9-THC is metabolite of marijuana and cannabis
- Pharmaceutical THC (Marinol) is prescribed for cancer and AIDs patients
- Passive inhalation cannot cause a positive test
- DOT does not accept “medical marijuana use” as a legitimate medical explanation for a THC positive test
- Urine detection period – no more than 30 days; usually 3-5

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## Observable Effects



MARIJUANA — Possible signs of use include:

- Rapid, loud, talking and bursts of laughter in early stages of intoxication
- Sleepy or stuporous behavior in later stages
- Forgetfulness in conversation
- Reduced concentration and coordination
- Inflammation (redness) in whites of eyes
- Distorted sense of time
- Hunger (“munchies”)
- Distinctive odor on clothes, hair, etc.

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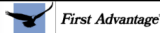
## PCP



- Powerful hallucinogen
- No legitimate medical explanation
- Detected in urine up to 1 week after use

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## Observable Effects

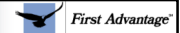


PHENCYCLIDINE (PCP) — Possible signs of use include:

- Unpredictable behavior, with mood swings from passiveness to violence for no apparent reason
- Disorientation with agitation and violence if exposed to excessive sensory stimulation
- Severe confusion
- Fear or terror
- Distorted perceptions of sights and sounds
- Hallucinations

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## Opiates



- Codeine/Morphine/Heroin (6AM) detected
- Narcotic class drugs
- Used medically for pain; codeine used in cough syrups
- Foods containing poppy seeds may produce morphine in urine specimen, but rarely above 2000 ng/mL cut-off level
- Codeine metabolizes to morphine
- Heroin has no approved medical use
- Detected in urine 1-3 days

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## Observable Effects

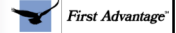


OPIATES — Possible signs of use include:

- Impaired coordination
- Physical fatigue
- Going back and forth from alert to drowsy
- Scratches frequently
- Constricted pupils that fail to respond to light
- Vomiting, nausea
- Cold, moist sweat or “gooseflesh”

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## The Cost Of Alcohol Abuse



- DHHS Estimates Exceed \$90 Billion/Year
- Productivity Costs – Over \$27 Billion
- Accidents & Medical Costs
- Family Costs
- Other Costs

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## Alcohol And Accidents



- 50% of all serious accidents involve alcohol
- Over 16,000 highway deaths and 500,000 injuries annually
- Drunk driving is the nation’s most frequently committed violent crime

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## Alcohol Misuse in the Workplace

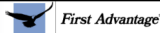


- On-duty use of alcohol
- Having an alcohol concentration of 0.04 while performing safety-sensitive duties
- Using alcohol within 4 hours of performing safety-sensitive duties (8 hrs for flight personnel)
- Refusal to take a required alcohol test
- Use of alcohol after an accident until testing is completed or for at least 8 hrs. which ever occurs first



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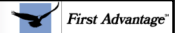
## Effects in the Workplace



- Workplace signs of alcoholism or alcohol abuse include:
  - Chronic lateness
  - Excessive absences
  - Decreased productivity
  - Poor performance
  - Problem interactions with others
- Time and attendance problems and changes in performance and productivity levels cannot trigger a reasonable suspicion test

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## Effect of Alcohol



- Alcohol is a drug
- Alcohol acts as a stimulant
- Alcohol’s overall effect is a sedative or depressant
- Alcohol’s effects vary from individual to individual
- Alcohol’s effects on an individual vary from occasion to occasion
- One drink metabolizes in approximately 1 1/2 hours for a 160 lb person
- The higher the BAC, the more pronounced the effects of alcohol

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## Alcohol Facts



- BAC is based on individual's body weight, amount of alcohol consumed, and the time period over which it was consumed
  - A 160-lb. person metabolizes approximately 1½ drinks per hour, or BAC decreases at a rate of 0.015 per hour
- One Drink-alcohol content equivalents
  - 12 ounces of beer
  - 4½ ounces of wine
  - 1 to 1½ ounces of 80-86° liquor
- Alcohol concentration is measurable during absorption, peak, and elimination phases

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## Alcohol Facts



Alcohol concentration is measurable during:

- **Absorption**
  - Stage when alcohol is released in bloodstream, usually within half hour of the drink
- **Peak**
  - Peak concentration is determined by body weight and the amount of alcohol consumed over time
  - Average employee drinks more than one drink at lunch may have an alcohol concentration above .02
- **Elimination**
  - 99% metabolized by liver
  - Only 1% eliminated as alcohol in breath, urine, saliva, etc.

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## Alcohol Concentration



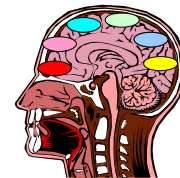
### Factors That Determine Alcohol Concentration in Blood/Breath-Summary:

- Size/weight of the drinker
- Amount and speed of drinking (drinks consumed per hour)
- Absorption rate (e.g. gender differences, food intake, carbonation, etc.)
- Rate of metabolism & elimination (gender differences, liver function, smoking, etc.)

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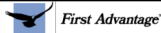
#### Discussion:

- Part of brain with different responses to alcohol
- General slowing of various functions, some earlier than others



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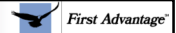
## Mental Functions



- Mental capacities affected by alcohol use include:
  - *Judgment*
  - *Decision making skills*
  - *Memory*
  - *Computation*

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## Mental Functions



- Cognitive functions are first effected
- Individual is unaware of impact at low levels (.02-.04)
- Judgement, computation, short term memory retrieval



Mental  
(.02 - .04)

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## Sensory Functions



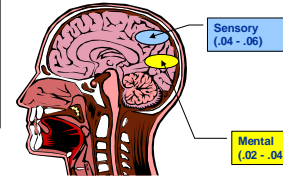
- Alcohol affects sensory perception:
  - Vision - decreased object tracking, night an peripheral vision background
  - Hearing - diminished acuity, ability to sort background noise
  - Smell - decreased sensitivity and selectivity
  - Taste - decreased sensitivity and selectivity

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## Sensory Functions

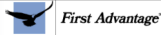


- Sensory functions effected as low as .04 BAC
- Auditory and acuity decreased
- Peripheral vision field decreased
- Taste and smell less discriminatory



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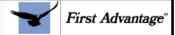
## Psychomotor Functions



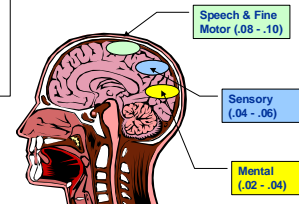
- Speech is one of the earliest motor skills to be affected
- Speech changes may include over-enunciation, slurring, or exaggerated speech patterns
- Coordination, reflexes and fine motor dexterity are diminished
- Reaction times are slower, movements appear delayed or retarded

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## Psychomotor Functions

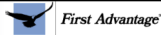


- Speech is the first of the motor skills to be effected
- Fine motor skill impairment
- Eye hand coordination
- Field Sobriety Test - designed to test cognitive and motor function

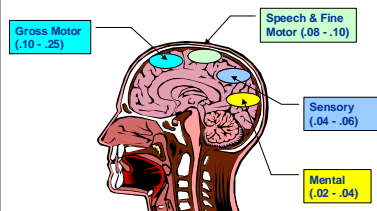


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## Psychomotor Functions



- Gross motor skills are one of the last categories of functioning to be effected
- Most noticeable area is gait
- Head movements, spatial relationships and torso movements are effected

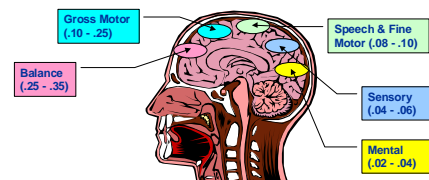


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## Psychomotor Functions



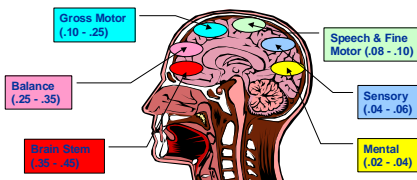
- Balance is controlled by the inner ear
- Alcohol intoxication vertigo (room spin)
- Nausea and vomiting



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## Psychomotor Functions

- Brain stem involvement
- Slowing of autonomic nervous system functions
- Coma (respiratory and cardiovascular function depressed)
- Death (respiratory and cardiovascular systems failure)



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## Signs of Alcohol Intoxication

- 0.02 - 0.08
  - Odor of alcohol on breath
  - Poor judgment, increased risk taking behavior
  - Decreased reasoning ability, forgetfulness
  - Slower reflex reactions

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## Signs of Alcohol Intoxication

- 0.08 and above
  - Clumsiness, staggering, unsteady gait
  - Poor coordination, slowed reflex, diminished reaction times
  - Bloodshot eyes, impaired tracking ability
  - Slurred speech patterns
  - Exaggerated emotion, excitement, belligerent attitude
  - Disheveled clothing, poor personal grooming
  - Flushed complexion, sweating

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## Alcohol Concentration

BAC/BrAC	Capability Loss	DOT Action
0.02	Restraint/Awareness	Removal from duty
0.04	Comprehension/Concentration	Rule Violation & Removal from duty/SAP referral
0.06	Judgement	
0.08	Muscle Control/Sensation	State DWI level
0.1	Coordination	State DWI level
0.2	Equilibrium/Sleepy	
0.3	Stupor	
0.4	Coma	
0.5	Death	

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## Alcohol Odor

- Alcohol beverages have a characteristic, distinct odor
- Odor of alcohol persists on the breath following alcohol use
- Individuals often try to mask the odor by using breath fresheners

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## Signs and Symptoms

- Many signs and symptoms of alcohol misuse can be due to other causes
- A good “rule of thumb” is to document two symptoms
- Odor of alcohol on breath is the most definitive sign of recent alcohol use

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## Observable Effects



### Alcohol Summary:

- Odor of alcohol on breath
- Impaired balance; poor coordination
- Confusion or inability to concentrate
- Sleepy behavior
- Slurred speech
- Red eyes, difficulty focusing



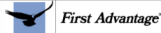
## Alcohol Testing Procedures



- Saliva or breath specimen for initial test
  - Must use DOT approved Alcohol Screening Device (ASD)
  - Must be conducted by qualified Breath Alcohol Technician (BAT) or Screening Test Technician (STT)
  - Must document test and result on DOT Alcohol Test Form (ATF)
  - Supervisor should not conduct alcohol test
- If initial test is 0.02 or greater, must conduct confirmation breath test

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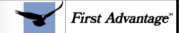
## Confirmation Breath Test



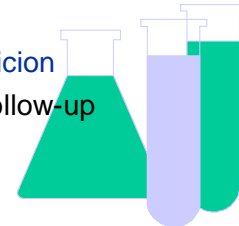
- Minimum 15 minute wait after initial test
- Employee must not drink, eat or put anything in his/her mouth
- BAT must use approved Evidential Breath Testing (EBT) device for confirmation test
- EBT must be capable of printing test number and result (triplicate copy)
  - Test result is affixed to ATF
  - Employee and BAT must sign ATF
- Confirmation result is final test result
  - 0.00-0.019 Negative
  - 0.02-0.039 Employee is temporarily removed from duty
  - 0.04-0.04+ Positive; employee removed from duty & must complete SAP process in order to return to duty

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## Required Drug Tests

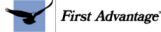


- Pre-Employment
- Random
- Post-Accident
- Reasonable Suspicion
- Return to Duty/ Follow-up



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## Reasonable Suspicion Testing

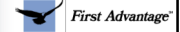


- Test when behaviors, appearance, performance indicative of drug/alcohol use
- Requires documentation form
- Avoid accusation/comments on use
- May include testing for both drugs and alcohol



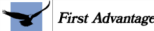
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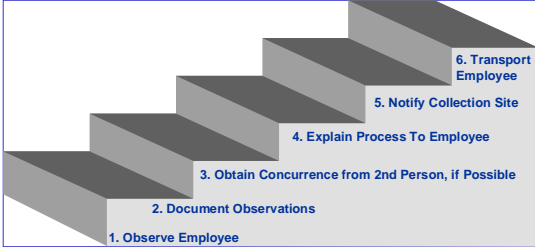
## Reasonable Suspicion Testing: Conditions



- There is reason to believe the employee may have engaged in prohibited drug and/or alcohol use
- The decision to conduct testing is based solely on observations of the employee's:
  - Behavior
  - Appearance
  - Conduct


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**Reasonable Suspicion Testing: Pre-Testing Steps** 



1. Observe Employee
2. Document Observations
3. Obtain Concurrence from 2nd Person, if Possible
4. Explain Process To Employee
5. Notify Collection Site
6. Transport Employee

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**Reasonable Suspicion Testing: Pre-Testing Steps** 



**Step 1: OBSERVE**

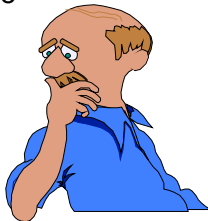
Observe the employee for signs and symptoms associated with alcohol/drug use.

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**Signs of Substance Abuse** 

**CATEGORIES:**

- Conduct/performance
- Appearance
- Behavior




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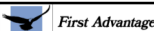
**Signs:** 

**Conduct/Performance**

- Inability to complete tasks
- Inconsistent work quality
- Poor quality work; frequent errors or sloppy work
- Difficulty following instructions or procedures
- Inability to focus

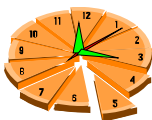


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**Signs:** 

**Attendance**

- Tardiness
- Extended lunch time
- Abuse of leave / Unscheduled leave
- "On the job" absenteeism
- Patterns of absenteeism
  - *i.e. Mondays, Fridays, etc.*
- Extended weekends



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**Physical Signs:** 

**Appearance**

- Tiredness, exhaustion; or restlessness, hyperactivity
- Slurred speech or pressured, rapid speech
- Drowsiness, agitation, hyper-alertness
- Unsteady gait, pacing, poor coordination
- Disheveled or messy appearance
- Odor of alcohol/marijuana on breath/body

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## Physical Signs:



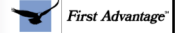
### Eyes/Facial

- Bloodshot or red eyes; tearing
- Difficulty focusing
- Dilated (open, large) pupils or constricted (closed, small) pupils
- Hyper-sensitivity to light
- Blank stare
- Droopy eyelids
- Involuntary eye movement (flutter, tics)



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## Physical Signs:



### Speech

- Uncontrolled volume
- Uncontrolled talkativeness
- Incomplete verbal responses (does not finish thoughts or sentences)
- Slurred speech
- Rapid, pressured speech
- Silence, failure to respond to others



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## Physical Signs:



### Movement/Coordination

- Poor coordination
- Muscle twitches
- Staggeres or sways
- Insensitivity to pain or injury
- Exaggerated or depressed reflexes
- Appears unusually "slowed-down" or "speeded-up"



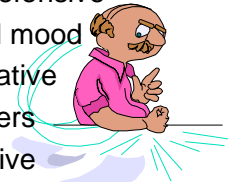
69

## Signs:



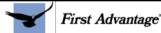
### Behavioral

- Uncooperative, rude or insubordinate
- Physical/verbal threats or assault
- Overly sensitive or defensive
- Euphoria or elevated mood
- Irritable or argumentative
- Disruptive to coworkers
- Restless or hyperactive



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## Signs:



### Cognitive

- Short attention span
- Confusion
- Disorientation to time and place
- Memory loss



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## Drug Paraphernalia



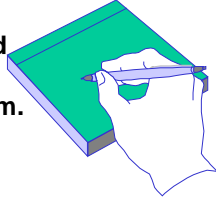
- Roach Clips, Rolling Papers
- Glass Vials, Pipes, Razor Blades, Syringes, Spoons
- Unlabeled Substances or Substances Not in Their Original Containers
- Ordinary Objects Made Into Drug Paraphernalia
  - (Example: Ball Point Pens Made Into Pipes)



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## Step 2: DOCUMENT

Document what you have observed using the Reasonable Suspicion Observed Behavior Documentation Form.



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**SUPERVISOR CHECKLIST - Reasonable Suspicion Test Documentation**

Section 1  
 Supervisor Name: \_\_\_\_\_ Division/Work Unit: \_\_\_\_\_  
 Employee Job Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date of Observation: \_\_\_\_\_ Employee performing safety-sensitive duties? Yes/No

Section 2  
 Observations: Check ALL that apply:

<b>BEHAVIOR</b>	<b>APPEARANCE</b>	<b>SMELL</b>
<input type="checkbox"/> stumbling, unsteady gait	<input type="checkbox"/> flushed complexion	<input type="checkbox"/> alcohol, drugs
<input type="checkbox"/> drowsy, sleepy, lethargic	<input type="checkbox"/> sweating	<input type="checkbox"/> marijuana
<input type="checkbox"/> agitated, anxious, restless	<input type="checkbox"/> cold, clammy sweat	<input type="checkbox"/> exaggerated respiratory
<input type="checkbox"/> hostile, belligerent	<input type="checkbox"/> bloodshot eyes	<input type="checkbox"/> uncoordinated
<input type="checkbox"/> irritable, moody	<input type="checkbox"/> tearing, watery eyes	<input type="checkbox"/> unresponsive behavior
<input type="checkbox"/> depressed, withdrawn	<input type="checkbox"/> dilated (large) pupils	<input type="checkbox"/> unresponsive to verbal communication
<input type="checkbox"/> unresponsive, disoriented	<input type="checkbox"/> constricted (pinpoint) pupils	<input type="checkbox"/> inappropriate speech
<input type="checkbox"/> erratic, uncoordinated	<input type="checkbox"/> unclean, unkempt appearance	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> tremors, shakes	<input type="checkbox"/> inappropriate, uninhibited behavior	
<input type="checkbox"/> slurred, thick speech		
<input type="checkbox"/> incoherent speech		
<input type="checkbox"/> exaggerated enunciation		
<input type="checkbox"/> loud, boisterous speech		
<input type="checkbox"/> rapid, pressured speech		
<input type="checkbox"/> excessively talkative		
<input type="checkbox"/> nonsensical, silly speech		
<input type="checkbox"/> cursing, inappropriate speech		

Section 3  
 The observation, as documented above, were made of the employee identified in Section 1.  
 Supervisor Name (printed or typed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Additional Witness (optional): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Witness Name (printed or typed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Section 4  
 Test Determination:  
 Reasonable Suspicion Alcohol/Drugs Test  
 Reasonable Suspicion Drug/Urinal Test  
 No Test Required  
 Employee Refused Test

Section 5  
 Employee transported to collection site by:  
 Time transported: \_\_\_\_\_ via / per Collection site: \_\_\_\_\_

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- Stumbling, unsteady gait
- Drowsy, sleepy, lethargic
- Agitated, anxious, restless
- Hostile, belligerent
- Irritable, moody
- Depressed, withdrawn
- Unresponsive, distracted
- Tremors, shakes
- Flu-like illness complaints
- Suspicious, paranoid
- Hyperactive, fidgety
- Frequent use of mints, mouthwash, breath sprays, eye drops
- Inappropriate, uninhibited behavior
- Clumsy, uncoordinated

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- Flushed complexion
- Sweating
- Cold, clammy sweats
- Bloodshot eyes
- Tearing, watery eyes
- Unkempt grooming
- Constricted (pinpoint) pupil
- Unfocused, blank stare
- Disheveled clothing
- Dilated (large) pupils

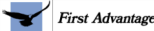
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- Slurred, thick
- Incoherent
- Exaggerated enunciation
- Loud, boisterous
- Rapid, pressured
- Excessively talkative
- Nonsensical, silly
- Cursing, inappropriate speech

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- Section 3: Supervisor and witness signatures
- Section 4: Test determination
- Section 5: Transporter section
  - Signature
  - Time
  - Collection site information

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**Guidelines For Additional Comments** 

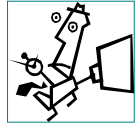
<p><b>DO</b></p> <ul style="list-style-type: none"> <li>Be specific. Write down the exact:             <ul style="list-style-type: none"> <li>Circumstances</li> <li>Location of incident</li> <li>Phrases/words used</li> </ul> </li> <li>Include examples of employee's behavior, conduct &amp; appearance that are not available on the checklist.</li> </ul>	<p><b>DON'T</b></p> <ul style="list-style-type: none"> <li>Diagnose or accuse.</li> <li>Write about "hunches."</li> <li>Include "hear-say" information.</li> </ul>
--	--

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**Observed Behavior Documentation** 

Example for observed walking:

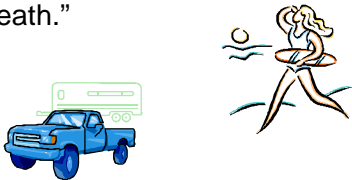
"Joe Smith could not walk in a straight line. He weaved from side to side, bumping into the aisles and knocking over products. He also stumbled several times for no apparent reason."




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**Sample of Poor Documentation** 

"Some man in a blue truck dropped Gail off this morning. He wasn't her husband. Gail was inappropriately dressed for work. She had whiskey on her breath."




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**Reasonable Suspicion: Pre-Testing Steps** 

**Step 3: DOCUMENTATION BY A SECOND PERSON**

Whenever possible, another member of management should independently observe the employee and document his/her observations.



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**Reasonable Suspicion Testing: Pre-Testing Steps** 


**Step 3 Cont'd.: PHONE MRO FOR APPROVAL**

**The Medical Review Officer (MRO) will review your facts and verify if a drug test should be completed.**

**800.830.8519**



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**Reasonable Suspicion: Pre-Testing Steps** 

**Step 4: NOTIFY EMPLOYEE**

- Discuss your observations with the employee.
- Inform the employee of the requirement to submit to testing under company policy.
- Explain the consequences of refusing to test, as appropriate.
- Explain the procedure for completing the testing and transportation arrangements.

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**DON'T:**

- Accuse the employee of being a drug abuser or alcoholic
- Attempt to “diagnose” their problem
- Make assumptions about what substance they may be using



**If you have ANY safety concerns:**

- Make sure you are with another member of management when you confront the employee
- DO NOT put yourself in any potentially dangerous situations



“Based on my observations of you today, I must have you take a drug/alcohol test to determine if you are in compliance with company rules related to drug and alcohol use.”

You should respond by saying:

“No, I am saying that your conduct, behavior or appearance today causes me concern and I must rule out drugs or alcohol as a factor by conducting testing in accordance with Company requirements.”

**Becomes Argumentative?**

- 1) Remain focused on your observations of the employee's behavior, conduct, appearance.
- 2) End the meeting.
- 3) Tell the employee that his/her non-cooperation will be deemed a refusal to test and explain the consequences.
  - Arrange transportation home for the employee.
  - If the employee insists on operating his/her vehicle, explain that the company will have to notify law enforcement to protect the public's safety.

**Becomes Physically Violent?**

- Follow the Company's procedures for workplace violence/threat
- Attempt to isolate the employee from co-workers and others
- Wait at a safe distance for assistance to arrive
- Contact your supervisor

- Will Result in Disciplinary Action up to and Including Discharge

**Step 5: NOTIFY COLLECTION SITE OR CONTACT ON-SITE COLLECTOR**

- Specify drug and/or alcohol test.
- Identify that test is a reasonable suspicion test.
- If done off-site, specify who will accompany the employee to the testing site (manager, supervisor or designated HR personnel).



**Step 6: TRANSPORT EMPLOYEE (IF TEST WILL BE DONE OFF-SITE)**

- If feasible, do not drive the employee by yourself
- The employee is not allowed to drive
- Take testing forms with you unless clinic/collection site has the correct forms available



- Employee must be transported home after testing.
- Do not let the employee drive home!
- Employee cannot return to work until test results are received.
- Employee may be paid for time off if test results are negative.



**Did You Remember to.....?**



- Focus on observable facts not hunches?
- Document all necessary information?
- Avoid diagnosing, labeling, or accusing?
- Respect the employee's privacy?

**Not Knowing the Policy**

**DO**

- Read the company drug policy
- Refer to it before taking action
- Treat ALL your employees fairly and consistently

**DON'T**

- Let your own biases dictate your actions
- Make exceptions to the policy
- Guess at what to do
- Follow the procedures inconsistently

**Management Pitfall #2:** 

**Violating the Right to Privacy**

**DO**

- Tell ONLY those people directly involved (manager, supervisor, or HR)
- Be discreet about the situation & refer only to work performance

**DON'T**

- Tell co-workers of R/S testing situation
- Say, "Bob has some problems & had to be tested."
- Access personal prescription or medical records

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**Management Pitfall #3:** 

**Co-worker Liability**

**DO**

- Protect Your Other Employees
- Encourage Employees to Talk to Their Supervisor

**DON'T**

- Ignore the problem or think you are not responsible:
- You WILL be held accountable for the safety of your other employees.

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**If You Have Questions** 

- Contact Company's Human Resources Department at **XXXXXX**
- Contact the First Advantage Medical Review Officer at 800.830.8519

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**EAP Services** 



- Confidential
- No cost to employees
- Professional

Available 24-hours a day,  
7 days a week

\*\*\*

Call First Advantage  
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