

# SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

## POLICY AND PROCEDURE MANUAL

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### Policy 231 – Drug Free Work Place

#### I. POLICY

The Center recognizes that the abuse of alcohol and drugs (legal and illegal) by employees may not only have a detrimental effect upon job performance, but also may jeopardize the safety of consumers and fellow workers, as well as potentially undermine public confidence in the Center.

#### II. DISCUSSION

No employee shall report for work or work impaired by any substance that is legal or illegal. “Impaired” means under the influence of a substance such that the employee’s motor senses (i.e., sight, hearing, balance, reaction, reflex) or judgment either are or may be reasonably presumed to be affected.

The Center prohibits employees, while on Center premises or Center business, to:

- A. Engage in the distribution, dispensation, manufacture or use of alcohol or any unlawful controlled substances.
- B. Have in their possession alcohol, any non-prescribed controlled substance, or any drug paraphernalia. Prescribed controlled substances must be left at home or locked in car or arrangement must be made with the supervisor to have prescriptions on site.
- C. Use legal prescriptions that alter the employee’s ability to perform his/her duties and/or jeopardize the safety of the consumers and other employees.

Employees who are under medical treatment with a drug that alters their ability to perform their job requirements must inform their supervisor. The employee will be required to have his/her physician submit in writing a detailed explanation of how the drug being prescribed alters their performance and of any side effects the drug may have on the employee. If the employee is receiving multiple prescriptions from different medical providers, a statement from each prescriber stating that the combination of drugs will not affect the duties of the employee is required. The employee will not be permitted to work until the statement(s) are received. The Chief Executive Officer will determine if there is a need for reassignment. If there are no positions available for reassignment, the employee may be terminated.

Violation of this policy will result in termination as outlined in Section 280.

The Center requires:

- A. Employees who are convicted of a criminal drug statute violation are required to notify the Center within five (5) days of the conviction. Conviction of a criminal drug statute will be reason for immediate termination.

Nothing herein shall be construed as giving probationary or suspended employees any rights to continuing employment other than as provided in Section 230 of Center Policy and Procedures.

Each employee will receive a copy of this policy and procedures as well as literature which further explains requirements of the law and the dangers of drugs in the work place.

The Center recognizes that almost any human problem can be successfully treated, provided it is identified in its early stages and the individual obtains appropriate care or help. This applies whether the problem is one of physical illness, mental or emotional illness, finances, marital or family distress, alcohol or drug abuse, legal problems or other concerns. Alcoholism and drug dependence are recognized as treatable illnesses, responsive to treatment and rehabilitation. Covered charges for medical and professional treatment will be handled in accordance with provisions of the current group insurance plan.

The Center, therefore:

- A. Encourages and stands ready to assist individuals to obtain help.
- B. Assists supervisors in dealing with associated problems related to work and performance.
- C. Discourages supervisors and fellow employees from “covering up” for the affected individual.

### **III. DRUG AND ALCOHOL SCREENS**

There are three types of drug and alcohol screens that may be utilized with prospective or current staff.

- A. Prospective Employees

All prospective employees must have a negative drug and alcohol screen prior to employment. If the prospective employee is on prescribed medication other than methadone, the prescribing physician must provide a written statement that

the medication will not interfere with the duties of the job. Applicants who are positive for illegal drugs will not be hired. Applicants who are positive for prescription drugs must have statement from their physician that they can perform the required job duties. If more than one physician is prescribing, there must be a signed statement that this combination of drugs will not interfere with performance. The applicant must submit the statement from the physician within two-weeks of request or they will not be eligible for employment and may reapply once they receive the statement from their physician.

**Pre-employment applicants can contest a positive drug screen and have the screen sent out for confirmation but the applicant is responsible for the cost of the screen that is sent out.**

No employee shall report for work or work impaired by any substance that is legal or illegal. "Impaired" means under the influence of a substance such that the employee's motor senses (i.e., sight, hearing, balance, reaction, reflex) or judgment either are or may be reasonably presumed to be affected.

B. Random Drug Screens

Random drug screens will be conducted as needed. Three (3) to five (5) employees will be selected by using staff ID numbers. The employee and/or supervisor will be informed they have been chosen to complete the random drug screen and will have to report to the Business Office on their next scheduled shift to complete the screen.

C. Drug Screens for Cause

There are times when due to an employee's actions, an investigation of an incident report, or an accident that occurs the Center will require a drug and alcohol screen. Any vehicle accident occurring during the execution of company business may result in a drug and alcohol screen of the employee. If an employee is suspected of being under the influence while on the job, a drug screen may be requested. If an employee is part of an investigation, a drug screen may be requested. If the employee refuses to consent to undergoing testing, immediate termination will result. If the employee admits problems or agrees and the result is positive, the employee will be offered employee assistance at another comprehensive mental health agency. The employee will be eligible to use PTO or be off work without pay during this period. The staff's privacy and confidentiality will be upheld in these situations. Each situation will be handled based on the individual situation but assurance will be made to insure that the employee does not continue use while at work. If the employee is on prescribed medication, the prescribing physician or physicians must agree that the employee can perform his/her duties while taking the medication. If the employee has not reported this medication as required under this policy, he or she may be subject to disciplinary action, up to and including discharge.

D. Other

Southern Highlands will take any anonymous tips or complaints seriously. For any anonymous complaints supervisor or designee will complete a Reasonable Suspicion Checklist (Attachment C). The supervisor will make a recommendation based on the results of the checklist on if employee should be drug screened.

**IV. WORK PERFORMANCE PROBLEM DUE TO MENTAL HEALTH OR SUBSTANCE ABUSE ISSUES**

Identification of the unsatisfactory job performance will include such factors as a documented pattern of absenteeism, tardiness, accidents, and generally lowered job efficiency which persists over a period of time, either constantly or intermittently.

The program is not to intrude or interfere in the private life of anyone. However, drug and alcohol issues are not excuses for poor performance and if not corrected, will not preclude disciplinary action, up to and including discharge.

A. Informal discussion of problem with employee.

1. Review the problem (attendance, job performance, general behavior, etc.) with the employee. Be sure that employee understands the level of performance expected and where his/her performance is falling short; and how to perform satisfactorily.
2. Make employee aware of the Center's employee assistance policy which encourages employees to seek assistance. If the employee desires assistance, a consultation can be arranged with the Clinical Director to assist in referring employee for services at another agency.
3. Document the discussion for future reference.
4. Follow-up within four weeks and document whether the problem has continued or improved.
  - a. If problem continues, again advise the employee of the Center's policy to assist in making self-referrals.
  - b. Establish a follow-up date to review performance.

B. Written Warning

1. If problem continues, issue written warning outlining problems and level of performance needed to perform satisfactorily. Make sure employee understands the significance of written warning and why it is being issued.

2. If need is indicated, offer the assistance of a counselor and offer to make a referral. Arrange a consultation with the appropriate program director before making referral. Emphasize to the employee that confidentiality will be maintained.
3. Establish a follow-up date to review progress and document.

C. Disciplinary Action

If previous steps have not resulted in improved job performance, action should be taken as outlined in Section 280.

**Alcohol / Drug Problem**

- A. Employee voluntarily comes forward.
  1. If employee voluntarily comes forward, emphasize that confidentiality, job security and promotional opportunities will be protected.
  2. A memo to the employee's file will be written containing the following:
    - a. The fact that the employee is to be commended for seeking help.
    - b. The Center is willing to give assistance to the employee to resolve the problem.
    - c. The employee is to comply with the rehabilitation program requirements (a release to communicate information and to receive information from the referral source as to the recommended treatment plan should be signed by the employee).
    - d. Failure to comply with the rehabilitation program will result in a probationary plan which will spell out conditions to be met for continued employment.
  3. The employee is required to sign the memo and appropriate releases and will be given a copy, with original placed in personnel file.

**Procedures for Requesting Drug/Alcohol Tests**

**Pre-Employment Drug Screening/Testing Procedures**

- A. All pre-employment drug screening will be conducted by the Center's outpatient LPN's, the Chief Nursing Officer or CLIA Waived staff. Nurses conducting the screening will be trained in CLIA waived drug screening.
- B. At the conclusion of an interview the interviewer will alert the outpatient nurse of the need for a drug screen and escort the applicant to the nurses office along with the applicants photo identification.
- C. The applicant will complete the Consent and Release (attachment B).
- D. The nurse will explain the drug screen process and advise the applicant that a private bathroom is provided for collection of the specimen. The applicant will not be permitted to take purses, backpacks, and other items which could hide urine specimens.
- E. Any applicant screening that is positive will result in the applicant being referred to a designated lab for same day retesting unless not contested by the applicant. The nurse will complete a lab referral form and keep a dated copy.
- F. Any specimen returned to the nurse that appears altered, adulterated, or substituted will be considered invalid.
- G. The nurse will maintain a clear chain of custody from collection through screening.
- H. The designated lab will forward the results of the testing to SHCMHC Medical Review Officer or their designee who confirms the test results to Human Resources.
- I. Information and records relating to the positive test results, drug and alcohol dependencies, and explanations provided to the MRO or designee are confidential but may be disclosed among managers and supervisors on a need to know basis and may be disclosed when relevant to a grievance, charge, claim or other legal proceeding initiated by or on behalf of the applicant.
- J. Applicants who refuse to cooperate in the drug screening/testing or who test positive without prescription verification will not be considered for hire and will not be allowed to reapply in the future.

### **Employee Drug Test Procedures**

- A. Whenever the employee's immediate supervisor, or other supervisor acting in the immediate supervisor's absence, determines cause to request a drug screen or Alcosensor screen, they will complete a request for Drug/Alcohol Test and refer to Chief Executive Officer or designee.

- B. If the employee refuses to comply with the request, the employee will be immediately terminated.
- C. The Chief Executive Officer or designee will have the supervisor sign written request and the employee sign a drug/alcohol test release.
- D. The Chief Executive Officer will assign a Center nurse (preferably the Chief Nursing Officer) or another member of management that is CLIA Waived to complete test and document results on the attached form.
- E. Alco-sensor / Drug Screen
  - 1. Alco-sensor
    - a. Any reading of .05 or above will be considered as evidence of impairment.
    - b. If the Alco-sensor is below .05 but there is behavioral evidence indicating impairment, a drug screen should be considered.
  - 2. Drug Screen
    - a. Employee will submit immediately to a drug screen. Screen will be completed at closest laboratory.
  - 3. Disciplinary Action
    - a. Employees who are found to be under the influence of alcohol or a controlled substance that affects their behavior while on the job will be referred for treatment. If employee refuses the referral, they will be terminated as outlined in Section 280 of Center policy. See Section 2.C.
    - b. Employees who undergo evaluation and are found not to be under the influence may remain on the job with further review of the work performance by their supervisor.

**SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER**

**Employee Alcohol Breathalyzer / Drug Screen Check Request**

I. Request

As per Southern Highlands Drug Free Workplace Policy, Section 231—the following employee, \_\_\_\_\_, to submit to an Alco-Sensor/intoximeter test \_\_\_\_\_ / drug screen \_\_\_\_\_ for the following reason.

\_\_\_\_ Vehicle or work related incident. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Work performance problems. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Behavior suggestive of impairment. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Medication Error/ Discrepancy. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Internal Investigation. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

Approved By: \_\_\_\_\_  
CEO or Delegate                      Requesting Supervisor                      Date



II. Employee Release/Refusal

A. I have been informed of the above mentioned request and am in agreement with taking a breathalyzer test \_\_\_\_\_ / drug screen \_\_\_\_\_. I have been informed and understand provisions of Policy 231 as to how the evidence of a breathalyzer test/drug screen may be used.

B. I am refusing to submit to a breathalyzer \_\_\_\_\_ / drug screen \_\_\_\_\_. I am aware that under Center policy my refusal makes me subject to immediate termination (Policy 231).

\_\_\_\_\_  
Employee Date

\_\_\_\_\_  
Witness Date

III. Urine Drug Screen

Specimen Temp. 90-100 Degrees

Screen Results:  Negative  Positive

Positive for: \_\_\_\_\_

Current prescribed medications (if positive result): \_\_\_\_\_

I dispute positive drug screening results and wish to have re-testing completed at the designated lab.

\_\_\_\_\_  
Employee Date

\_\_\_\_\_  
CLIA Waiver Staff Administering Test Date

**Breathalyzer**

Results:  
Date/ Time: \_\_\_\_\_

B.A.C. level recorded: \_\_\_\_\_

\_\_\_\_\_  
CLIA Waiver Staff Administering Test

\_\_\_\_\_  
Witness Position Date

**CONSENT AND RELEASE FOR DRUG AND ALCOHOL  
TESTING FOR PRE-EMPLOYMENT**

I, \_\_\_\_\_, understand that pursuant to SHCMHC's Policy for Drug and Alcohol-Free Workplace, I am being required to drug screening test.

I hereby consent to submit to urinalysis, breath, blood, and/or other tests as shall be determined by SHCMHC for the purpose of determining the use of illegal drugs.

I agree that SHCMHC, or an alternate company selected by the facility, may collect these specimens for those tests and may test them or forward them to a testing laboratory designated by the company for analysis. I further agree to and hereby authorize the release of the results of said tests to the company.

I understand that current illegal use of drugs and/or abuse of alcohol prohibits me from obtaining employment with the company.

I am unaware of any medical condition that would indicate that the screen might endanger my physical health.

I agree to hold harmless the company and its agents from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with the company's consideration of my continuing employment.

I agree that a reproduced copy of this consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Photo ID Copy Obtained:  Yes

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Screen Results:  Negative  Positive  Specimen Temp. 90-100 Degrees

Positive for: \_\_\_\_\_

Current prescribed medications (if positive result): \_\_\_\_\_

I dispute positive drug screening results and wish to have re-testing completed at the designated lab. Cost will be at the applicants expense.

Applicant: \_\_\_\_\_

**SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER**

**Reasonable Suspicion Checklist For Staff**

(The following is to be utilized by a supervisor only when an employee's physical appearance and behavior raises suspicion that the employee is under the influence of drugs and/or alcohol.)

**EMPLOYEE INFORMATION**

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Observation Date/Time: \_\_\_\_\_ Location of Observation: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**OBSERVATIONS** (Mark any of the following that is exhibited by the employee)

**PHYSICAL**

**Walking**

\_\_\_\_\_ No issues      \_\_\_\_\_ Stumbling      \_\_\_\_\_ Unsteady      \_\_\_\_\_ Staggering  
\_\_\_\_\_ Swaying      \_\_\_\_\_ Falling      \_\_\_\_\_ Unable to walk  
\_\_\_\_\_ Other (describe) \_\_\_\_\_

**Standing**

\_\_\_\_\_ No issues      \_\_\_\_\_ Swaying      \_\_\_\_\_ Unable to stand      \_\_\_\_\_ Staggering  
\_\_\_\_\_ Dizzy      \_\_\_\_\_ Feet wide apart      \_\_\_\_\_ Other (describe) \_\_\_\_\_

**Movements**

\_\_\_\_\_ No issues      \_\_\_\_\_ Fumbling      \_\_\_\_\_ Jerky      \_\_\_\_\_ Nervous  
\_\_\_\_\_ Slow      \_\_\_\_\_ Hyperactive      \_\_\_\_\_ Reduced reaction time  
\_\_\_\_\_ Trembling      \_\_\_\_\_ Unable to follow tasks      \_\_\_\_\_ Diminished Coordination  
\_\_\_\_\_ Other (describe) \_\_\_\_\_

**Eyes**

\_\_\_\_\_ No issues      \_\_\_\_\_ Bloodshot      \_\_\_\_\_ Watery      \_\_\_\_\_ Droopy  
\_\_\_\_\_ Glassy      \_\_\_\_\_ Closed      \_\_\_\_\_ Dilated / Constricted Pupils  
\_\_\_\_\_ Other (describe) \_\_\_\_\_

**Face**

\_\_\_\_\_ No issues      \_\_\_\_\_ Pale      \_\_\_\_\_ Flushed / Red      \_\_\_\_\_ Sweaty

**Breath**

\_\_\_\_\_ No issues      \_\_\_\_\_ Alcoholic Odor      \_\_\_\_\_ Chemical Odor      \_\_\_\_\_ Heavy use of breath spray  
\_\_\_\_\_ Other (describe) \_\_\_\_\_

**Speech**

\_\_\_\_ No issues      \_\_\_\_ Whispering      \_\_\_\_ Slurred      \_\_\_\_ Shouting  
\_\_\_\_ Incoherent      \_\_\_\_ Slobbering      \_\_\_\_ Rambling      \_\_\_\_ Slow  
\_\_\_\_ Stuttering      \_\_\_\_ Rapid      \_\_\_\_ Other (describe) \_\_\_\_\_

**Appearance**

\_\_\_\_ No issues      \_\_\_\_ Unruly      \_\_\_\_ Messy/Dirty      \_\_\_\_ Chemical Odor  
\_\_\_\_ Partially dressed      \_\_\_\_ Excessive sweating      \_\_\_\_ Disheveled  
\_\_\_\_ Visible puncture / track marks      \_\_\_\_ Other (describe) \_\_\_\_\_

**BEHAVIORAL**

**Demeanor**

\_\_\_\_ No issues      \_\_\_\_ Crying      \_\_\_\_ Overly Drowsy      \_\_\_\_ Argumentative  
\_\_\_\_ Withdrawn      \_\_\_\_ Forgetful      \_\_\_\_ Mood Swings      \_\_\_\_ Excessive Laughter  
\_\_\_\_ Other (describe) \_\_\_\_\_

**Actions**

\_\_\_\_ No issues      \_\_\_\_ Hostile      \_\_\_\_ Paranoid      \_\_\_\_ Combative      \_\_\_\_ Hyper  
\_\_\_\_ Fidgety      \_\_\_\_ Erratic      \_\_\_\_ Overly Calm      \_\_\_\_ Baseless Panic  
\_\_\_\_ Other (describe) \_\_\_\_\_

**Appetite**

\_\_\_\_ No issues      \_\_\_\_ Constantly Eating      \_\_\_\_ Constantly eating candy/chewing gum  
\_\_\_\_ Other (describe) \_\_\_\_\_

**Miscellaneous**

\_\_\_\_ Presence of alcohol and/or drugs in employee’s possession or vicinity  
\_\_\_\_ On the job misconduct by employee  
\_\_\_\_ Employee admission to the use or possession of drugs and/or alcohol

**Other Observations**

(Note any other observation not listed above. Also note any details of any incident that the employee has caused or being involved in.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_