



A91270

18R-208

Introduce: 9-10-18

RESOLUTION NO. A- 91270

1 WHEREAS, the City of Lincoln initially adopted the U.S. Department of Transportation  
 2 Federal Transit Administration (FTA) Drug and Alcohol Testing Program and Policy in 1995;  
 3 adopted a revised and updated version of the FTA Drug and Alcohol Testing Program and Policy  
 4 in 2005; adopted a further revised and updated version of the FTA Drug and Alcohol Testing  
 5 Program and Policy in 2012; and

6 WHEREAS, due to additional recent changes in the federal regulations governing the FTA  
 7 Drug and Alcohol Testing Program and Policy and to comply with the updated federal regulations  
 8 found in 49 C.F.R. Part 655 and 49 C.F.R. Part 40, it is necessary to adopt a further revised and  
 9 updated FTA Drug and Alcohol Testing Program and Policy.

10 NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Lincoln,  
 11 Nebraska:

12 That the City of Lincoln Federal Transit Administration Drug and Alcohol Testing  
 13 Program and Policy which is attached hereto as Exhibit A is hereby accepted and approved by the  
 14 City Council of the City of Lincoln, Nebraska as the governing body of the City of Lincoln as  
 15 required by the U.S. Department of Transportation Federal Transit Administration Regulations  
 16 applicable to the Drug and Alcohol Testing Program and Policy applicable to mass transit  
 17 employees working in safety sensitive functions.

18 BE IT FURTHER RESOLVED that a copy of this Resolution and the Federal Transit  
 19 Administration (FTA) Drug and Alcohol Testing Program and Policy attached hereto be submitted  
 20 to Doug McDaniel and Doug Thorpe in the City/County Human Resources Department for notice  
 21 and dissemination to all affected employees as required by the federal regulations.

Introduced by:

Carl Skridge

Approved as to Form & Legality:

Jeffery R. G. Knapp  
City Attorney

Approved this 20<sup>th</sup> day of Sept., 2018:  
[Signature]  
Mayor

AYES: Camp, Christensen, Eskridge, Gaylor Baird, Lamm, Raybould, Shobe; NAYS: None.

**ADOPTED**  
**SEP 17 2018**  
**BY CITY COUNCIL**

*City of Lincoln  
Federal Transit Administration  
Program*

**Drug and Alcohol Testing**

**Program and Policy**

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A. POLICY STATEMENT

Regular text = FTA requirements.

*Italic text = City of Lincoln policy only.*

In accordance with **the City of Lincoln's** commitment for a safe workplace, the **City of Lincoln** (hereinafter called "**City**") will not hire or employ individuals who use illegal drugs or alcohol registering at defined concentration levels. Part of our mission is to ensure that this service is delivered safely, efficiently, and effectively by establishing a drug and alcohol-free work environment, and to ensure that the workplace remains free from the effects of drugs and alcohol in order to promote the health and safety of employees and the general public. It is recognized that use of alcohol and/or illegal drugs on and off the job eventually takes a toll on job performance and can put employees' and the public's safety at risk. The use, sale or possession of illegal narcotics, illegal drugs or controlled substances while on the job, on duty or on any City facility or property is a disqualifying or dischargeable offense.

Additionally, the purpose of this policy is to establish guidelines to maintain a drug and alcohol-free workplace in compliance with the Drug-Free Workplace Act of 1988, and the Omnibus Transportation Employee Testing Act of 1991. This policy is intended to comply with all applicable Federal regulations governing workplace anti-drug and alcohol programs in the transit industry. Specifically, the Federal Transit Administration (FTA) of the U. S. Department of Transportation has published 49 CFR Part 655, as amended, that mandates urine drug testing and breath alcohol testing for safety-sensitive positions, and prohibits performance of safety-sensitive functions when there is a positive test result. The U. S. Department of Transportation (USDOT) has also published 49 CFR Part 40, as amended, that sets standards for the collection and testing of urine and breath specimens.

It is the City's intention to comply fully with the DOT regulations governing drug and alcohol use and testing, and the requirements of the DOT regulations have been incorporated into this Policy. In the event DOT regulations are amended, this Policy and the applicable term(s), condition(s) and/or requirement(s) of this Policy shall be deemed to have been amended automatically at that time, without the need for redrafting, in order to reflect and be consistent with DOT regulations. In such case, the City reserves the right to apply the amended requirements immediately, and without giving prior notice to safety sensitive employees and/or applicants, unless such notice is required by DOT or another applicable law. The City reserves the right to amend the list of positions covered by this policy and the supervisory positions required to attend training without redrafting the entire policy. It is also the City's intention to comply with any applicable state requirements governing drug and/or alcohol testing which are not preempted by DOT regulations. The City also intends to comply with the applicable requirements of the Drug-Free Workplace Act of 1988, the Americans With Disabilities Act and the Family and Medical Leave Act.

For purposes of this Policy and the City's drug and alcohol testing program, performing a "safety-sensitive function" means operation of a revenue service vehicle (whether or not the vehicle is in revenue service). Maintenance of a revenue service vehicle or equipment used in revenue service, dispatchers or person controlling the movement of revenue service vehicles and any other transit employee who is required to hold a Commercial Driver's License (CDL). Maintenance functions include the repair, overhaul, and rebuild of engines, vehicles and/or equipment used in revenue service. A list of safety-sensitive positions who perform one or more of the above mentioned duties is provided in Appendix I.

Any job applicant applying for a position who refuses or fails a pre-employment drug test will not be hired for that position. Any employee covered by this policy who refuses or fails a drug and/or alcohol test will immediately be removed from performing safety sensitive duties.

*It is understood that a policy cannot address every situation that may arise, and in those situations which are not covered in this policy as city-mandated items, shall be handled on its individual merits by the Plan Administrator.*

All situations related to the FTA policy and DOT testing will be addressed by the policy.

## B. DRUG/ALCOHOL TESTING PROCEDURES

The Omnibus Transportation Employee Testing Act of 1991 requires alcohol and drug testing of safety-sensitive employees in the aviation, motor carrier, railroad and public transit vehicle industries. The Federal Transit Administration (FTA) requires alcohol and drug testing of employees who perform a safety sensitive function.

For purposes of this Policy and the City's drug and alcohol testing program, performing a "safety-sensitive function" means any of the following for positions covered by Federal Transit Administration (FTA): Means any of the following duties, when performed by employees of recipients, sub-recipients, operators, or contractors: (1) Operating a revenue service vehicle, including when not in revenue service; (2) Operating a nonrevenue service vehicle, when required to be operated by a holder of a Commercial Driver's License; (3) Controlling dispatch or movement of a revenue service vehicle; (4) Maintaining (including repairs, overhaul and rebuilding) a revenue service vehicle or equipment used in revenue service. This section does not apply to the following: an employer who receives funding under 49 U.S.C. 5307 or 5309, is in an area less than 200,000 in population, and contracts out such services; or an employer who receives funding under 49 U.S.C. 5311 and contracts out such services; (5) Carrying a firearm for security purposes.

In addition, any employee contracted by the **City** filling any safety sensitive position, will be covered by and is expected to maintain a drug testing policy in accordance with federal regulations to continue this contractor relationship. The contractor must permit access to property and records by the **City**, the D.O.T. and any jurisdictional state agency for the purpose of monitoring compliance.

Temporary safety sensitive employees who are contracted by the **City** and who participate in the drug and alcohol testing program of that other company, need not be subject to drug testing by the **City**. However, the other company must certify that the safety sensitive employee is fully qualified to drive and will provide a written statement in compliance with D.O.T. regulations.

*Covered employees in the Mayor's Department, Aging Division, Handyman Section, are subject to the terms of the contract with the Nebraska Department of Roads/Transit Systems Public Transportation Drug and Alcohol Consortium Committee and where silent the terms of the City of Lincoln FTA Drug and Alcohol Policy.*

### C. TERMS AND DEFINITIONS

**Accident** - An occurrence associated with the operation of a revenue service vehicle even when not in revenue service or which requires a Commercial Driver's License to operate, if it results in—

- A fatality;
- An individual suffers a bodily injury and immediately receives medical treatment away from the scene of the accident; or
- One or more vehicles incurs disabling damage as the result of the occurrence and is transported away from the scene by a tow truck or other vehicle. For purposes of this definition, disabling damage means damage which precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, mirrors or windshield wipers that makes them inoperative.

**Administrator** - The Administrator of the Federal Transit Administration or the Administrator's designee.

**Adulterated Specimen** - A specimen that has been altered, as evidenced by test results showing either a substance that is not a normal constituent for that type of specimen or showing an abnormal concentration of an endogenous substance.

**Air Blank** - A reading by an EBT of ambient air containing no alcohol.

**Alcohol** - The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols contained in any beverage, mixture, mouthwash, candy, food, preparation or medication.

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

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

**Aliquot** - A portion of a specimen used for testing.

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

**Canceled or Invalid Test** - In drug testing, a drug test that has been declared invalid by a Medical Review Officer. A canceled test is neither a positive nor a negative.

**Certification** - A recipient's written statement, authorized by the organization's governing board or other authorizing official, that the recipient has complied with the provisions of this part.

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

**Collection Container** - A container into which the employee urinates to provide the urine sample used for a drug test.

**Collection Site** - A place designated by the employer where individuals present themselves for the purpose of providing a specimen of their urine to be analyzed for the presence of drugs.

**Collection Site Person** - A person who instructs and assists individuals at a collection site and who receives and makes a screening examination of the urine specimen provided by those individuals.

**Confirmation (or Confirmatory) Test** - In drug testing, a second analytical procedure performed on a different aliquot of the original specimen to identify and quantify the presence of a specific drug or drug metabolite. In alcohol testing, a second test, following a screening test with a result of 0.02 or greater, that provides quantitative data of alcohol concentration.

**Consortium** - An entity, including a group or association of employers, operators, recipients, sub-recipients, or contractors, that provides drug testing as required by this part, or other DOT drug testing rule, and that acts on behalf of the employer.

**Contractor** - A person or organization that provides a service for a recipient, sub-recipient, employer, or operator consistent with a specific understanding or arrangement. The understanding can be a written contract or an informal arrangement that reflects an ongoing relationship between the parties.

**Controlled Substances** - Those substances identified in 49 CFR Part 40.85.

**Covered Employee** - A person, including a volunteer, applicant, or transferee, who performs a safety-sensitive function for an entity subject to this part.

**Designated Employer Representative (DER)** - An employee authorized by the employer to take immediate action to remove employees from safety-sensitive duties and to make required decisions in testing. The DER also receives test results and other communications for the employer, consistent with the requirements of 49 CFR Parts 40 and 655.

**DHHS** - The Department of Health and Human Services or any designee of the Secretary, Department of Health and Human Services.

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

**Disabling Damage** - Damage that prevents any of the vehicles involved from leaving the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, mirrors or windshield wipers that makes them inoperative.

**DOT Agency** - An agency of the United States Department of Transportation administering regulations related to drug or alcohol testing, including the Federal Aviation Administration, the Federal Railroad Administration, the Federal Motor Carrier Safety Administration, the Federal Transit Administration, the Research and Special Programs Administration, and the Office of the Secretary.

**Drug Metabolite** - The specific substance produced when the human body metabolizes a given prohibited drug as it passes through the body and is excreted in urine.

**Drug Test** - The laboratory analysis of a urine specimen collected in accordance with 49 CFR Part 40 and analyzed in a DHHS-approved laboratory.

**EBT or Evidential Breath Testing Device** - An device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath at the 0.02 and the 0.04 alcohol concentrations. Approved devices are listed on NHTSA's conforming products list.

**Education** - Efforts that include the display and distribution of informational materials, a community service hot-line telephone number for employee assistance, and the transit entity policy regarding drug use in the workplace.

**Employee** - An individual designated in a DOT agency regulation as subject to drug testing and/or alcohol testing. As used in this part, "employee" includes an applicant for employment. "Employee" and "individual" or "individual to be tested" have the same meaning for purposes of this part.

**Employee Assistance Program (EAP)** - A program provided directly by an employer, or through a contracted service provider, to assist employees in dealing with drug or alcohol dependency and other personal problems. Rehabilitation and reentry to the work force are usually arranged through an EAP.

**Employer** - A recipient or other entity that provides public transit vehicle transportation service or which performs a safety-sensitive function for such recipient or other entity. This term includes sub-recipients, operators, and contractors.

**FTA** - Federal Transit Administration

**Initial Drug Test (Screening Drug Test)** - The test used to differentiate a negative specimen from one that requires further testing for drugs or drug metabolites.

**Initial Specimen Validity Test** - The first test used to determine if a urine specimen is adulterated, diluted, substituted, or invalid.

**Invalid Drug Test** - The result reported by an HHS-certified laboratory in accordance with the criteria established by HHS Mandatory Guidelines when a positive, negative, adulterated, or substituted result cannot be established for a specific drug or specimen validity test.

**Laboratory** - Any U.S. laboratory certified by HHS under the National Laboratory Certification Program as meeting the minimum standards of Subpart C of the HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs; or in the case of foreign laboratories, a laboratory approved for participation by DOT under this part.

**Large Operator** - A recipient or sub-recipient primarily operating in an area of 200,000 or more in population.

**Limit of Detection (LOD)** - The lowest concentration at which an analyte can be reliably shown to be present under defined conditions.

**Limit of Quantification** - For quantitative assays, the lowest concentration at which the identity and concentration of the measured can be accurately established.

**Medical Review Officer (MRO)** - A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by the drug testing program who has knowledge of substance abuse disorders, and has appropriate medical training to interpret and evaluate an individual's confirmed positive test results, together with his/her medical history, and any other relevant bio-medical information.

**Negative test result** - The result reported by an HHS-certified laboratory to an MRO when a specimen contains no drug or the concentration of the drug is less than the cutoff concentration for the drug or drug class and the specimen is a valid specimen. An alcohol concentration of less than 0.02 BAC is a negative test result.

**Operator** - A transit entity that is a recipient, directly or indirectly, of Federal funds under Section 3, 9, or 18 of the UMT Act of 1964, as amended, or is a recipient of Federal assistance under Section 103(e)(4) of Title 23 of the United States Code.

**Pass a Drug Test** - An individual passes a drug test when a Medical Review Officer determines, in accordance with procedures in 49 CFR Part 40, that the results of the test:

- Showed no evidence or insufficient evidence of prohibited drug or drug metabolite
- Showed evidence of a prohibited drug or drug metabolite for which there was a legitimate medical explanation
- Were scientifically insufficient to warrant further action
- Were suspect because of irregularities in the administration of the test, or observation, or custody and control procedures.

**Performing a Safety-Sensitive Function** - A covered employee is considered to be performing a safety-sensitive function and includes any period in which he or she is actually performing, ready to perform, or immediately available to perform such functions.

***Probationary Employee*** - An employee who has not completed his or her probationary period after original employment. The probationary period is a working test period during which an employee, newly appointed from a list, is required to demonstrate his or her fitness for a position to which said employee is appointed by actual performance of the duties of the position. The probationary period shall not exceed six months.

**Positive result** - The result reported by an HHS-certified laboratory when a specimen contains a drug or drug metabolite equal to or greater than the cutoff concentration. A positive alcohol test result means a confirmed alcohol concentration of 0.04 BAC or greater.

**Post-Accident Test** - A drug test administered to an employee when an accident (as previously defined) has occurred and the employee performed a safety-sensitive function that either contributed to the accident, or cannot be completely discounted as a contributing factor in the accident.

**Pre-Employment Test** - A drug test given to an applicant or employee who is being considered for a safety-sensitive position. The applicant or employee must be informed of the purpose for the urine collection prior to actual collection.

**Prohibited Drug** - Marijuana, cocaine, opioids, amphetamines, or phencyclidine at levels above the minimum thresholds specified in 49 CFR Part 40, as amended.

**Protocol** - A procedure requiring strict adherence to achieve scientifically valid test results from specimen collection and laboratory testing of urine specimens.

**Qualified Laboratory** - A laboratory certified by the DHHS to conduct urine drug testing and which permits unannounced inspections by the recipient, operator, or FTA Administrator.

**Random Test** - A drug test to a predetermined percentage of employees who perform in safety-sensitive functions and who are selected on a scientifically defensible random and unannounced basis.

**Reason to Believe** - Objective information indicating that a particular individual may alter or substitute a urine specimen.

**Reasonable Suspicion Test** - A drug test given to a current employee who performs in a safety-sensitive position and who is reasonably suspected by at least one trained supervisor of using a prohibited drug or misuse of alcohol.

**Recipient** - An entity receiving Federal financial assistance under 49 U. S. C. 5307, 5309, or 5311; directly from the Federal Government.

**Reconfirmed** - The result reported for a split specimen when the second laboratory is able to corroborate the original result reported for the primary specimen.

**Refuse to Submit** – Examples are listed in 49 CFR Parts 40.191 and 40.261 as amended.

**Regular Employee** - An employee who has been appointed to a position in the classified service in accordance with Lincoln Municipal Code after successful completion of a probationary period.

**Return to Duty Test** - An initial drug and alcohol test prior to return to duty given to employees performing in safety-sensitive functions who previously tested positive, refused to test or provided an adulterated/substituted sample to a drug test and or alcohol test and are returning to safety-sensitive positions.

**Revenue Service Vehicle** - A vehicle used to transport passengers, including a bus, van, car, railcar, locomotive, trolley car, trolley bus, ferry boat, or a vehicle used on a fixed guideway or inclined plane.

**Safety-Sensitive Function** - Any of the following duties:

- Operation of a transit revenue service vehicle even when the vehicle is not in revenue service;
- Operating of a non-revenue service vehicle, by an employee when the operation of such a vehicle requires the driver to hold a Commercial Driver's License (CDL);
- Controlling dispatch or movement of a revenue service vehicle;
- Maintaining a revenue service vehicle or equipment used in revenue service, unless the recipient receives section 5311 funding and contracts out such services. In addition, recipients of Federal transit funds under 49 U.S.C. 5307 and 5309 in an area less than 200,000 in population and which contract out such services are no longer required to comply with 49 CFR Part 655. Also maintenance providers of safety-sensitive functions for a grantee on an ad hoc or one-time basis are not required to comply.
- Carrying a firearm for security purposes.

**SAMHSA** - Substance Abuse Mental Health Services Administration.

**Safety-Sensitive Position** - A duty position or job category that requires the performance of a safety-sensitive function(s).

**Screening Test (or initial test)** - In drug testing, an immunoassay screen to eliminate "negative" urine specimens from further analysis. In alcohol testing, an analytic procedure to determine whether an employee may have a prohibited concentration of alcohol in a breath specimen.

**Secretary** - The Secretary of Transportation or the Secretary's designee. The Secretary's designee may be a contractor or other recognized organization that acts on behalf of the Secretary in implementing the DOT and FTA drug use control regulations.

**Shipping Container** - A container capable of being secured with a tamper-evident seal that is used to transfer one or more urine specimen bottle(s) and associated documentation from the collection site to the laboratory.

**Small Operator** - A recipient or sub-recipient primarily operating in an area of less than 200,000 in population.

**Specimen Bottle** - The bottle that, after being labeled and sealed, is used to transmit a urine sample to the laboratory.

**Split Specimen** - A collection in which the urine collected is divided into two separate specimen bottles, the primary specimen (Bottle A) and the split specimen (Bottle B).

**Substance Abuse Professional (SAP)** – See definition as outlined in 49 CFR Part 40.281.

**Substituted Specimen** - To replace one's urine with another's or with a different substance. A specimen with creatinine and specific gravity values that are so diminished that they are not consistent with human urine.

**Temporary Employee** - An employee appointed to a non-career service position in the unclassified service, or appointed to a career service position for a specific purpose and limited length of time not to exceed one year.

**Training** - Providing information about the effects and consequences of drug use on personal health, safety, and the work environment; about the work environment; and about the manifestations and behavioral cues that may indicate drug use and abuse.

**Vehicle** - A bus, electric bus, van, automobile, railcar, trolley car, trolley bus, or vessel. A "public transit vehicle" is a vehicle used for public transit transportation.

**Verified Negative (drug test result)** - A drug test result reviewed by a Medical Review Officer and determined to have *no* evidence of prohibited drug use above the minimum cutoff levels established by the Department of Health and Human Services (HHS).

**Verified Positive (drug test result)** - A drug test result reviewed by a Medical Review Officer and determined to *have* evidence of prohibited drug use above the minimum cutoff levels specified in 49 CFR Part 40 as revised.

**Volunteer** - Is deemed a covered employer when he or she receives remuneration in excess of their actual personal expenses incurred while performing the volunteer service.

D. EDUCATION AND TRAINING

All supervisory personnel or company officials who are in a position to determine employee fitness for duty will receive 60 minutes of reasonable suspicion training on the physical, behavioral, and performance indicators of probable drug use and 60 minutes of additional reasonable suspicion training on the physical, behavioral, speech, and performance indicators or probable alcohol misuse. Information on the signs, symptoms, health effects, and consequences of alcohol misuse is presented in the appendix.

A list of supervisory positions covered by this policy is found in appendix II.

Every covered employee will receive a copy of this policy and is listed on the City of Lincoln's web site under Human Resources Department and will have ready access to the corresponding federal regulations including 49 CFR Parts 655 and 40, as amended. In addition, all covered employees will undergo a minimum of 60 minutes of training on the signs and symptoms of drug use including the effects and consequences of drug use on personal health, safety, and the work environment. The training also includes manifestations and behavioral cues that may indicate prohibited drug use.

Information on the signs, symptoms, health effects and consequences of alcohol misuse is presented in appendix III of this policy.

*Applicants are required to execute a certification regarding requirements of the City Drug Testing Program as a condition of being hired. An applicant who refuses to do so will not be hired.*

All drug and alcohol testing and training will be paid City time.

E. PROHIBITED SUBSTANCES

Prohibited substances addressed by this policy include the following:

- (1) This includes: marijuana, amphetamines, MDMA (Ecstasy), opioids, phencyclidine (PCP), and cocaine, as well as any drug not approved for medical use by the U. S. Drug Enforcement Administration or the U. S. Food and Drug Administration. Illegal use includes use of any illegal drug, misuse of legally prescribed drugs, and use of illegally obtained prescription drugs. Also, the medical use of marijuana, or the use of hemp related products, as which cause drug or drug metabolites to be present in the body above the minimum thresholds is a violation of this policy.

Federal Transit Administration drug testing regulations (49 CFR Part 655) require that all covered employees be tested for marijuana, cocaine, amphetamines, MDMA (Ecstasy), opioids, and phencyclidine as described in this policy. Illegal use of these drugs is prohibited at all times, and thus covered employees may be tested for these drugs anytime that they are on duty.

- (2) Legal Drugs: The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. *However, the use of any substance which carries a warning label that indicated that mental functioning, motor skills, or judgment may be adversely affected must be reported to your supervisor and the employee is required to provide a written release from his/her doctor or pharmacist indicating that the employee can perform his/her safety-sensitive functions.*
- (3) Alcohol: The use of beverages containing alcohol (including any mouthwash, prescribed or non-prescribed medication, food, candy) or any other substances such that alcohol is present in the body while performing safety-sensitive job functions is prohibited.

F. PROHIBITED CONDUCT

Prohibited substances addressed by this policy include the following:

- (1) Consistent with the Drug-Free Workplace Act of 1988, all covered employees are prohibited to use, possess, manufacture, sell, trade, offer for sale, offer to buy, or make arrangements to distribute illegal drugs, or to otherwise engage in the illegal use of drugs while at work or on City/County property.
- (2) All covered employees are prohibited from reporting for duty or remaining on duty any time there is a quantifiable presence of a prohibited drug in the body above the minimum thresholds defined in 49 CFR Part 40, as amended. (40.87)
- (3) All covered employees are prohibited to report to work or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater regardless of when the alcohol was consumed. *All covered employees are prohibited to be at work while having an alcohol concentration of 0.02 or greater.*
- (4) All covered employees are prohibited to remain on duty that requires the performance of safety-sensitive functions, while under the influence of illegal drugs or alcohol.
- (5) The department shall not permit any covered employee to perform or continue to perform safety-sensitive functions if it has actual knowledge that the employee is using alcohol.
- (6) Each covered employee is prohibited from consuming alcohol within 4 hours prior to performing safety-sensitive job functions or while on-call to perform safety-sensitive job functions. If an on-call employee has consumed alcohol, they must acknowledge the use of alcohol at the time that they are called to report for duty. The covered employee will subsequently be relieved of his/her on-call responsibilities and subject to discipline.
- (7) Prohibited conduct for any covered employee to use prescription drugs illegally *or fail to inform the City/County of the therapeutic drug use that might adversely affect the driver's ability to perform or continue to perform a safety-sensitive function.* (However, nothing in this policy precludes the appropriate use of legally prescribed medications.) *Such prescription drugs brought to work should remain in the original labeled container and show both the prescribing doctor's name and expiration date.*

- (8) Prohibited conduct to ingest hemp food products or coca food products. (Recent studies indicate that ingestion of hemp seed oil and hemp food products can result in a positive test for marijuana.) In accordance with 49 CFR Part 40.151, a Medical Review Officer (MRO) may not accept consumption or other use of hemp products, or coca teas, or medical marijuana as an excuse for a positive drug test.
- (9) No covered employee shall consume alcohol within four (4) hours before performing any safety-sensitive activity. *The City/County will provide an opportunity for each such on-call employee to acknowledge the use of alcohol at the time he/she is called to report for duty, and it is the employee's responsibility to inform his/her supervisor at the earliest possible time of any potential impairment from alcohol.*
- (10) No covered employee shall consume alcohol for eight (8) hours following involvement in an accident or until he/she submits to the post-accident drug/alcohol test, whichever occurs first.
- (11) Receive a verified positive drug test.
- (12) Submit, or attempt to submit, an adulterated, dilute or otherwise altered specimen, or substituting a specimen from another person.
- (13) Receive an alcohol test result of 0.04 or higher, and/or refusing to submit to a post- accident, random, reasonable suspicion, follow-up or return to duty test.

G. DRUG STATUTE CONVICTION

Consistent with the Drug Free Workplace Act of 1988, all employees are required to notify the transit management of any criminal drug statute conviction for a violation occurring in the workplace within five days after such conviction. Failure to comply with this provision shall result in disciplinary action as defined in Section Q of this policy.

## H. TESTING REQUIREMENTS

Analytical urine drug testing and breath testing for alcohol will be conducted as required by 49 CFR Part 40 as amended. All covered employees shall be subject to testing prior to employment, for random, following an accident and for reasonable suspicion as defined in Section K, L, M and N of this policy. All covered employees who have tested positive for drugs or alcohol on a random, reasonable suspicion, or post-accident will be tested prior to returning to duty after completion of the Substance Abuse Professionals recommended treatment program and subsequent release to duty. Follow-up testing will also be conducted following return-to-duty for a period of one to five years, with at least six tests performed during the first year. The duration and frequency of the follow-up testing above the minimum requirements will be at the discretion of the Substance Abuse Professional.

*Under the City's authority, an alcohol test can be performed any time a covered employee is on duty. All alcohol tests done under the City's authority will be a non-DOT test performed on non-DOT paperwork.*

If the MRO informs that a positive drug test was dilute, the test will be treated as a verified positive test.

If the MRO informs that a negative test was dilute, employee will immediately be scheduled for a recollection.

*In all cases, one previous dilute will trigger that the employee's supervisor accompany the employee to the testing site for all future tests. The supervisor is to make sure the employee does not drink large amounts of liquids before the drug collection and can be observed by the supervisor at all times until the employee enters the collection site.*

All covered employees will be subject to urine drug testing and breath alcohol testing as a condition of ongoing employment. Any safety-sensitive employee who refuses to comply with a request for testing shall be removed from duty and subject to discipline as defined in Section Q of this policy. Any covered employee who is suspected of falsifying test results through tampering, contamination, adulteration, or substitution will be required to undergo an observed collection. Verification of the above listed actions will be considered a test refusal and will result in the employee's removal from duty and disciplined as defined in Section Q of this policy.

## I. DRUG TESTING PROCEDURES

Upon notification that a drug and/or alcohol test is required, an employee will report immediately to the collection site. Testing shall be conducted in a manner to assure a high degree of accuracy and reliability and using techniques, equipment, and laboratory facilities which have been approved by the U. S. Department of Health and Human Service (HHS). All testing will be conducted consistent with the procedures set forth in 49 CFR Part 40, as amended. The procedures will be performed in a private, confidential manner and every effort will be made to protect the employee, the integrity of the drug testing procedure, and the validity of the test result. Drug testing will be performed utilizing split urine sample collections.

The drugs that will be tested for is set forth in 49 CFR Part 40 as amended.

After the identity of the donor is checked using picture identification, a urine specimen will be collected using the split specimen collection method described in 49 CFR Part 40, as amended. Each specimen will be accompanied by a DOT Chain of Custody and Control Form and identified using a unique identification number that attributes the specimen to the correct individual. The specimen analysis will be conducted at a HHS certified laboratory. An initial drug screen and validity test will be conducted on the primary urine specimen. For those specimens that are not negative, a confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) test will be performed. The test will be considered positive if the amounts of the drug(s) and/or its metabolites identified by the GC/MS test are above the minimum thresholds established in 49 CFR Part 40, as amended.

The test results from the HHS certified laboratory will be reported to a Medical Review Officer (MRO). An MRO is a licensed physician with detailed knowledge of substance abuse disorders and drug testing. The MRO will review the test results to ensure the scientific validity of the test and to determine whether there is a legitimate medical explanation for a laboratory confirmed positive, substitute, or adulterated test result. The MRO will attempt to contact the employee to notify the employee of the non-negative laboratory result, and provide the employee with an opportunity to explain the confirmed laboratory test result. The MRO will subsequently review the employees medical history/medical records as appropriate to determine whether there is a legitimate medical explanation for a non-negative laboratory result. If no legitimate medical explanation is found, the test will be verified positive or refusal to test and reported to the employer Drug and Alcohol Program Manager (DAPM). If a legitimate explanation is found, the MRO will report the test result as negative to the DAPM and no further action will be taken. If the test is invalid without a medical explanation, a retest will be conducted under direct observation.

Any covered employee who questions the results of a required drug test under paragraphs L through P of this policy may request that the split sample be tested. The split sample test must be conducted at a second HHS-certified laboratory with no affiliation with the laboratory that analyzed the primary specimen. The test must be conducted on the split sample that was provided by the employee at the same time as the primary sample. The method of collecting, storing, and testing the split sample will be consistent with the procedures set forth in 49 CFR Part 40, as amended. The employee's request for a split sample test must be made to the Medical Review Officer within 72 hours of notice or the original sample verified test result. Request after 72 hour will only be accepted at the discretion of the MRO if the delay was due to documentable facts that were beyond the control of the employee. The City will ensure that the cost for the split specimen are covered in order for a timely analysis of the sample, however the City will seek reimbursement for the split sample test from the employee.

Split specimen testing will be done in accordance with 49 CFR Part 40 section H as amended.

Observed collections:

Will be performed consistent with 49 CFR Part 40, as amended.

J. ALCOHOL TESTING PROCEDURES

Tests for breath alcohol concentration will be conducted utilizing a National Highway Traffic Safety Administration (NHTSA)-approved Evidential Breath Testing device (EBT) operated by a trained Breath Alcohol Technician (BAT). Alcohol screening tests may be performed using a non-evidential testing device which is also approved by NHSTA. If the initial test indicates an alcohol concentration of 0.02 or greater, a second test will be performed to confirm the results of the initial test. The confirmatory test must occur on an EBT. The confirmatory test will be conducted at least fifteen minutes after the completion of the initial test. The confirmatory test will be performed using a NTHSA-approved EBT operated by a trained BAT. The EBT will identify each test by a unique sequential identification number. This number, time, and unit identifier will be provided on each EBT printout. The EBT printout, along with an approved alcohol test form, will be used to document the test, the subsequent results, and to attribute the test to the correct employee. The test will be performed in a private, confidential manner as require by 49 CFR Part 40, as amended. The procedure will be followed as prescribed to protect the employee and to maintain the integrity of the alcohol testing procedures and validity of the test result.

In the event that the safety sensitive employee provides an adequate breath specimen and the initial test registers an alcohol concentration level that is less than 0.02, the test result will be reported as a "negative" and no additional test will be required at that time.

An employee who has a confirmed alcohol concentration of 0.04 or greater will be considered a positive alcohol test and in violation of this policy. The consequences of a positive alcohol test are described in Section Q of this policy. Even though an employee who has a confirmed alcohol concentration of 0.02 to 0.039 is not considered positive, the employee shall still be removed from duty until employee's alcohol concentration measures less than 0.02 or the start of the employee's next regularly scheduled duty period, but not less than eight hours following administration of the test and will be subject to the consequences described in Section Q of this policy. An alcohol concentration of less than 0.02 will be considered a negative test.

The transit department affirms the need to protect individual dignity, privacy, and confidentiality throughout the testing process. If at any time the integrity of the testing procedures or the validity of the test results is compromised, the test will be canceled. Minor inconsistencies or procedural flaws that do not impact the test result will not result in a canceled test.

The alcohol testing form (ATF) required by 49 CFR Part 40 as amended, shall be used for all FTA required testing.

K. PRE-EMPLOYMENT TESTING

All applicants for covered transit positions shall undergo urine drug testing prior to performance of a safety-sensitive function. Pre-employment alcohol tests are *not required* under federal regulations.

- (1) All offers of employment for covered positions shall be extended conditional upon the applicant passing a drug test. An applicant shall not be hired into a covered position unless the applicant takes a drug test with verified negative result.
- (2) A non-covered employee shall not be placed, transferred or promoted into a covered position until the employee takes a drug test with verified negative results.
- (3) The designated employee representative will provide the necessary forms to the hiring supervisor to complete the drug testing process. The supervisor will arrange an appointment with the collection site for the applicant and inform the designated employee representative. The supervisor will provide to the applicant a form to give to the collection site and an information sheet describing testing procedures. The designated employee representative will notify the hiring supervisor regarding the test results.
- (4) If an applicant fails a pre-employment drug test, the conditional offer of employment shall be rescinded. *Failure of a pre-employment drug test will disqualify an applicant for employment for a period of at least two years.* When a covered employee or applicant has previously failed or refused a pre-employment drug test administered under this part, the employee must provide the employer proof of having successfully completed a referral, evaluation and treatment plan as described in 49 CFR Part 655.62 and have a negative pre-employment drug test prior to further consideration for employment. The cost of the assessment and any subsequent treatment will be the sole responsibility of the applicant.
- (5) *If an applicant who was previously employed by the City and terminated due to non-compliance of the drug and alcohol policy are not eligible for re-employment for a period of at least two years.* Evidence of the absence of drug dependency and a negative pre-employment drug test will be required prior to further consideration for employment. The cost of the assessment and any subsequent treatment will be the sole responsibility of the applicant. The employee will be subject to termination upon any other failed drug or alcohol test from the time of re-employment.
- (6) When an employee being placed, transferred, or promoted from a non-covered position to a covered position submits a drug test with a verified positive result, the employee shall be evaluated for drug dependency, and will subject to disciplinary action in accordance with Section Q of this policy.

- (7) If a pre-employment test is canceled, the City will require the applicant to take and pass another pre-employment test.
- (8) Supervisors are required to check the applicants past drug testing results for all previous DOT covered jobs in the last 2 years where the applicant held a safety sensitive position. Contact the designated employee representative to coordinate this investigation. The designated employee representative will notify the hiring supervisor regarding the results of this inquiry and advise if the individual is eligible for employment.
- (9) In instances where a covered employee is on extended leave for a period of 90 days or more regardless of reason, and the employee has not been in the random testing pool, the employee will be required to take a drug test under 49 CFR Part 655 and have negative test result prior to the conduct of safety-sensitive job functions.
- (10) An applicant with a dilute negative test result will be required to retest.
- (11) *Applicants are required to report previous DOT covered employer drug and alcohol test results-Failure to do so will result in the employment offer being rescinded.*

L. RANDOM TESTING

All covered employees will be subjected to random, unannounced testing. The selection of employees shall be made by a scientifically valid method of randomly generating an employee identifier from the appropriate pool of safety-sensitive employees.

- (1) The dates for administering unannounced testing of randomly selected employees shall be spread reasonably throughout the calendar year. Random testing must be conducted at all times of the day when safety-sensitive functions are performed.
- (2) The number of employees randomly selected for drug/alcohol testing during the calendar year shall be not less than the percentage rates established by Federal regulations for those safety-sensitive employees subject to random testing by Federal regulations.
- (3) Each covered employee shall be in a pool from which the random selection is made. Each covered employee in the pool shall have an equal change of selection each time the selections are made. Employees will remain in the pool and subject to selection, whether or not the employee has been previously tested. There is no discretion on the part of management in the selection of the individuals who are to be tested.
- (4) Covered transit employees that fall under the Federal Transit Administration regulations will be included in one random pool maintained separately from the testing pool of employees that are included solely under the City's authority.
- (5) Random tests can be conducted at any time during an employee's shift for drug testing. A covered employee shall only be randomly tested for alcohol misuse while the employee is performing safety-sensitive functions, just before the employee is to perform safety-sensitive functions or just after the employee has ceased performing such functions.
- (6) Employees are required to proceed immediately after notification of their random selection to the collection site.
- (7) An employee with a dilute negative drug test result will be required to retest.

- (8) There is no discretion by management or operations on who is selected for testing.

The designated employee representative will officially notify the employee's supervisor of all positive drug and/or alcohol test result.

*Following a positive drug and/or alcohol test result, the supervisor should confidentially contact the employee and set-up his/her pre-disciplinary meeting. If the employee notifies the supervisor before the designated employee representative calls, accept the information.*

*Following a positive drug and/or alcohol test, a pre-disciplinary meeting will be arranged as soon as possible. The employee should be advised by the supervisor the purpose of the meeting and that he/she is entitled to have union representation present.*

If the employee is alleged to have violated the, City's Drug and Alcohol policy the employee will be advised of the requirement to:

- (1) Will be subjected to disciplinary action up to including termination for violation of the drug & alcohol policy.
- (2) Will be referred to a Substance Abuse Professional (SAP) for an assessment and evaluation. The (SAP) will evaluate each employee to determine what assistance, the employee needs in resolving problems associated with prohibited drug use and/or alcohol misuse. And to set up a rehabilitation/treatment plan (the employee will be required to sign an acknowledgment of this plan), with the (SAP).
- (3) Upon recommendation of the SAP, pass the "return to duty" drug and/or alcohol test. *Note: a positive test result will be cause for termination with the City.*
- (4) *The employee will give the current Drug Test Administrator or appointed authority a check for the cost of the drug and alcohol test made payable to the third party administrator to cover the expense of the return to duty test.*
- (5) Be subject to follow-up testing. *Note: a positive test result will be cause for termination with the City.*

- (6) *The employee will be required to sign release of information forms by Employee Assistance Program to specified individuals with the City of Lincoln and third party administrator.*

The designated employee representative will contact the supervisor when the employee has passed the return to duty test, to set the date the employee can return to work.

*Leave Policy: At the conclusion of any disciplinary suspension the employee will request vacation and personal holiday, and at the expiration of his/her vacation, request leave without pay until such time that he/she is released to return to work following a negative drug and/or alcohol test. Should he/she be required to undergo inpatient substance abuse treatment, he/she will be allowed to utilize accrued sick leave until the completion of inpatient treatment.*

*Release forms: The employee will be required to sign release of information forms by Continuum Employee Assistance Program to specified individuals with the City of Lincoln/Lancaster County and third party administrator.*

M. POST-ACCIDENT TESTING

All covered employees will be required to undergo urine and breath testing if they are involved in an accident with a transit revenue service vehicle regardless of whether or not the vehicle is in revenue service that results in a fatality. This includes all surviving covered employees that are operating the vehicle at the time of the accident and any other whose performance cannot be completely discounted as a contributing factor to the accident.

In addition, a post-accident test will be conducted if an accident results in injuries requiring medical treatment away for the scene; or one or more vehicles incurs disabling damage, unless the operators performance can be completely discounted as a contributing factor to the accident.

- (1) As soon as practicable following an accident, as defined in this policy, the transit supervisor investigating the accident will notify the transit employee operating the transit vehicle and all other covered employees whose performance could have contributed to the accident of the need for the test. The supervisor will make the determination using the best information available at the time of the decision. The supervisor is required to complete a FTA Post Accident Documentation *Form and the FTA Prescription and Over-the-Counter Medication Form*.
- (2) The appropriate transit supervisor shall ensure that an employee, required to be tested under this section, is tested as soon as practicable, but no longer than eight (8) hours of the accident for alcohol, and within 32 hours for drugs. If an alcohol test is not performed within two hours of the accident, the Supervisor must prepare and maintain a record on a Post Accident Documentation for stating the reason(s) for the delay and forward to the designated employee representative. If the alcohol test is not conducted within (8) eight hours, or the drug test within 32 hour, attempts to conduct the test must cease and the reasons for the failure to test documented and forward to the designated employee representative.
- (3) Any covered employee involved in an accident must refrain from alcohol use for eight (8) hours following the accident, or until he/she undergoes a post-accident alcohol test.
- (4) An employee who is subject to post-accident testing who fails to remain readily available for such testing, including notifying a supervisor of his or her location if he or she leaves the scene of the accident prior to submission to such test, may be deemed to have refused to submit to testing.

- (5) Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident, or to prohibit and employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.
- (6) In the rare event that a safety sensitive employee is unable to perform an FTA drug and alcohol test (i.e., employee is unconscious, employee is detained by law enforcement agency, the City may use drug and alcohol post-accident test results administered by local law enforcement officials in lieu of the FTA test. The local law enforcement officials must have independent authority for the test and the employer must obtain the results in conformance with local law.
- (7) *A safety sensitive employee who is required to take a post-accident drug test will be considered by the City as unqualified to work and relieved from duty pending the results of his/her test. A safety sensitive employee may request vacation or personal holiday and at the expiration of vacation, request leave without pay for the time the employee is relieved from duty. A safety sensitive employee whose test results are negative, will be reimbursed for the time. A safety sensitive employee whose test results are positive will not be reimbursed for the time. If the employee is injured, the employee will be placed on injury leave. In accordance with State Worker's Compensation laws, employees who are injured and have a positive drug test or an alcohol test are not entitled to injury leave or other worker's compensation benefits.*
- (8) In addition to the penalties imposed by DOT, a safety sensitive employee who tests positive for drugs and/or alcohol, who refuses or fails to submit to a post-accident drug and alcohol test as required, who unnecessarily delays reporting to the test site following an accident, or who otherwise fails to comply with the City's post-accident testing procedures, will be subject to disciplinary action, up to and including termination.

Disqualification:

Any employee refusing to submit to a urine sample shall be cause for discipline up to and including immediate dismissal.

*Following the test, the supervisor should drive the employee home from the test site or work site, or contact a family member to take the employee home.*

*The designated employee representative will officially notify the employee's supervisor of the drug test results.*

*Following a positive drug result, a pre-disciplinary meeting will be arranged as soon as possible. The employee who is off duty at home, should be advised by the supervisor the purpose of the meeting and that he/she is entitled to have union representation present.*

The designated employee representative will contact the supervisor when the employee has passed the return to duty test, to set the date the employee can return to work.

*Leave Policy: At the conclusion of any disciplinary suspension the employee will request vacation and personal holiday, and at the expiration of his/her vacation, request leave without pay until such time that he/she is released to return to work following a negative drug and/or alcohol test. Should he/she be required to undergo inpatient substance abuse treatment, he/she will be allowed to utilize accrued sick leave until the completion of inpatient treatment.*

*Release forms: The employee will be required to sign release of information forms by Continuum Employee Assistance Program to specified individuals with the City of Lincoln and third party administrator.*

N. REASONABLE SUSPICION TESTING

All safety sensitive covered employees will be subject to a reasonable suspicion drug and alcohol test when there are reasons to believe that the covered employee has used prohibited drug and/or engaged in alcohol misuse. An employer's determination that reasonable suspicion test shall be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the covered employee. These observations may include indications of the chronic and withdrawal effects of controlled substances. Reasonable suspicion testing is designed to provide you with a tool to identify affected drivers who, through alcohol or controlled substances misuse, may pose a danger to themselves and others in their performance of safety-sensitive functions. Reasonable suspicion referrals must be made by one supervisor who is trained in the physical, behavioral, speech, and performance indicators of probable alcohol misuse and use of controlled substances. *The supervisor is required to complete a Reasonable Cause Observation Checklist, and then forward to the designated employee representative. Failure on the part of the supervisor(s) to accurately document the specified behavior for reasonable suspicion will be subject to disciplinary action up to and including termination.* Reasonable suspicion alcohol testing is permissible only if the supervisor's observations are made during, just preceding, or just after the driver is performing safety-sensitive functions or is attempting to perform safety-sensitive functions. In contrast, you may test a driver for controlled substances under reasonable suspicion based on observations at any time the driver is on duty.

*The supervisor shall be responsible for transporting the employee to the testing site. Supervisors should avoid placing themselves and/or others into a situation which might endanger the physical safety of those present. The employee shall be placed on administrative leave pending disciplinary action described in Section Q of this policy. An employee who refuses an instruction to submit to a drug/alcohol test shall not be permitted to finish his or her shift and shall immediately be placed on administrative leave pending disciplinary action as specified in Section Q of this policy.*

*A written record of the observations which led to a drug and alcohol test based on reasonable suspicion shall be prepared and signed by at least one trained supervisor making the observation on a Reasonable Suspicion Observation Checklist (see Appendix). This written record shall be submitted to the Designated Employer Representative in the Human Resources Department and shall be attached to the forms reporting the test results.*

*When there are no specific, contemporaneous, articulable objective facts that indicate current drug or alcohol use, but the employee (who is not already a participant in a treatment program) admits the abuse of alcohol or other substances to a supervisor in his/her chain of command, the employee shall be referred for an assessment. The City shall place the employee on administrative leave in accordance with the provisions set forth under Section Q of this policy. Testing in this circumstance would be performed under the direct authority of the City. Since the employee self-referred to management, testing under this circumstance would not be considered a violation of this policy or a positive test result under Federal authority. However, self-referral does not exempt the covered employee from testing under Federal authority as specified in Sections L through N of this policy or the associated consequences as specified in Section Q.*

*The City will also attempt to contact the safety sensitive employee's spouse, another member of the family, or another person designated by the safety sensitive employee, in order to make arrangements for transporting the safety sensitive employee to his/her home after the test is completed. In the event that the City is unable to contact the safety sensitive employee's spouse, family member or another designated person, the City will make arrangements for transporting the safety sensitive employee home.*

*If the safety sensitive employee rejects the City's efforts in this regard and instead insists on driving his/her personal vehicle, the City reserves the right to take whatever means are appropriate to prevent this, including contacting appropriate law enforcement, or the designated employee representative and imposing disciplinary action, up to and including termination.*

*A safety sensitive employee who is required to take a reasonable suspicion drug test will be considered by the City as unqualified to work and removed from safety-sensitive duties pending the results of his/her drug and alcohol test. A safety sensitive employee may request vacation or personal holiday and at the expiration of vacation, request leave without pay for the time the employee is relieved from duty. A safety sensitive employee whose test results are negative will be reimbursed for the time. A safety sensitive employee whose test results are positive will not be reimbursed for the time. The employee is not eligible to use sick leave while he/she is relieved from duty, awaiting test results.*

*Following a positive drug test, a pre-disciplinary meeting will be arranged as soon as possible. The employee who is off duty at home, should be advised by the supervisor the purpose of the meeting and that he/she is entitled to have union representation present.*

*In addition to the penalties imposed by DOT, a safety sensitive employee whose reasonable suspicion test is positive, or who fails or refuses to submit to a reasonable suspicion test when directed to do so by the City/County, will be subject to disciplinary action, up to and including termination. An employee with a dilute negative test result will be required to retest.*

*The designated employee representative will contact the supervisor when the employee has passed the return to duty drug and alcohol test, to set the date the employee can return to work.*

*Leave Policy: At the conclusion of any disciplinary suspension the employee will request vacation and personal holiday, and at the expiration of his/her vacation, request leave without pay until such time that he/she is released to return to work following a negative drug and/or alcohol test. Should he/she be required to undergo inpatient substance abuse treatment, he/she will be allowed to utilize accrued sick leave until the completion of inpatient treatment.*

*Release forms: The employee will be required to sign release of information forms by Continuum Employee Assistance Program to specified individuals with the City of Lincoln and third party administrator.*

O. RETURN TO DUTY TESTING

All Return-To-Duty testing will be conducted in accordance with 49 CFR Part 40 as amended. All covered employees who previously tested positive on a drug and/or alcohol test or refused a test, must test negative for drugs, and alcohol (below 0.02 for alcohol), and be evaluated and released by the Substance Abuse Professional before returning to work. For an initial positive drug and/or alcohol test a Return-to-Duty drug and alcohol test is required. Following the initial assessment, the SAP will recommend a course of rehabilitation unique to the individual. The SAP will recommend the return-to-duty test only when the employee has successfully completed the treatment requirement and is known to be drug and alcohol free and there is no undo concerns for public safety. *An employee who fails a return to duty test will be subject to termination.* An employee with a dilute negative test result will be required to retest.

When the employee is ready to take the return to duty drug and alcohol test the current Drug Test Administrator or appointed authority will make the appointment with the collection service. The designated employee representative will then talk to the Substance Abuse Professional to verify that the individual is in compliance with the policy. *The employee will write a check payable to third party administrator in the amount of the cost of the drug and alcohol test and take it to the current Drug Test Administrator or appointed authority.*

*The designated employee representative will give the employee an appointment form to take to the collection site. The designated employee representative will call the supervisor after notification of the passed test and determine when and where the employee should report to work. An employee with a dilute negative test result will be required to retest.*

*The designated employee representative will officially notify the employee's supervisor and the employee of a failed drug test.*

*A pre-disciplinary meeting will be arranged as soon as possible with the department head to discuss disciplinary action up to and including termination of the individual from City employment. The employee should be advised by the supervisor the purpose of the meeting and that he/she is entitled to have union representation present.*

*The employee will report to the meeting where he/she will discuss possible termination from his/her City position. The employee will be provided the names, addresses, and telephone numbers of substance abuse professionals (SAPs).*

P. FOLLOW-UP TESTING

Covered employees will be required to undergo frequent, unannounced drug and alcohol testing following their return-to-duty. The follow-up testing will be performed for a period of one to five years with a minimum of six tests to be performed the first year. The frequency and duration of the follow-up tests (beyond the minimums) will be determined by the SAP reflecting the SAP's assessment of the employee's unique situation and recovery progress. Follow-up testing should be frequent enough to deter and/or detect a relapse. Follow-up testing is separate and in addition to the random, post-accident, reasonable suspicion and return-to-duty testing. An employee with a dilute negative test result will be required to retest. *An employee who fails a follow up drug and/or alcohol test is subject to termination.*

*Following a positive drug and/or alcohol test result, the supervisor should confidentially contact the employee and assign work not involving a safety sensitive function until his/her pre-disciplinary meeting. If the employee notifies the supervisor before the designated employee representative calls, accept the information and assign the employee to work not requiring a safety sensitive function and call the current Drug Testing Administrator or Designated Employer Representative (DER).*

*A pre-disciplinary meeting will be arranged as soon as possible to discuss disciplinary action up to and including termination of the individual from City employment. The employee should be advised by the supervisor the purpose of the meeting and that he/she is entitled to have union representation present.*

*The employee will report to the meeting where he/she will discuss possible termination from his/her City position. The employee will be provided the names, addresses, and telephone numbers of substance abuse professionals (SAPs).*

Q. RESULT OF DRUG/ALCOHOL TEST

Any covered employee that has a verified a) positive drug test; b) adulterated or substituted drug test; c) receives an alcohol test result of 0.04 or higher will be immediately removed from his/her safety-sensitive position.

For the first instance of a verified positive drug and/or alcohol (> or equal to 0.04 BAC) test including a refusal to test because of an adulterated or substituted sample result submitted under the random, reasonable suspicion, post-accident, return-to-duty, or follow-up drug and/or alcohol test will have a pre-disciplinary meeting arranged as soon as possible. The employee who is off duty at home, should be advised by the supervisor the purpose of the meeting and that he/she is entitled to have union representation present.

If the employee is alleged to have violated the, City's Drug and Alcohol policy the employee will be advised of the requirement to:

- (1) Immediately after receiving notice of a verified positive drug test result, a confirmed alcohol test result of 0.04 or above; or a test refusal, the City's Drug and Alcohol Program Manager or Designated Employee Representative will contact the employee's supervisor to have the employee cease performing any safety-sensitive function.
- (2) Will be subjected to disciplinary action up to including termination for violation of the drug & alcohol policy.
- (3) Will be referred to a Substance Abuse Professional (SAP) for an assessment and evaluation. The (SAP) will evaluate each employee to determine what assistance, the employee needs in resolving problems associated with prohibited drug use and/or alcohol misuse. And to set up a rehabilitation/treatment plan (the employee will be required to sign an acknowledgment of this plan), with the (SAP).
- (4) Upon recommendation of the SAP, pass the "return to duty" drug and alcohol test. *Note: a positive test result will be cause for termination with the City.*
- (5) *The employee will give the current Drug Test Administrator or appointed authority a check for the cost of the drug and alcohol test made payable to the third party administrator to cover the expense of the return to duty test.*
- (6) *Be subject to follow-up testing. Note: a positive test result will be cause for termination with the City.*

- (7) *The employee will be required to sign release of information forms by Employee Assistance Program to specified individuals with the City of Lincoln and third party administrator.*

The designated employee representative will contact the supervisor when the employee has passed the return to duty drug and alcohol test, to set the date the employee can return to work.

*Leave Policy: At the conclusion of any disciplinary suspension the employee will request vacation and personal holiday, and at the expiration of his/her vacation, request leave without pay until such time that he/she is released to return to work following a negative drug and/or alcohol test. Should he/she be required to undergo inpatient substance abuse treatment, he/she will be allowed to utilize accrued sick leave until the completion of inpatient treatment.*

Refusal to submit to a drug and/or alcohol test carries the same consequences as a positive test result, but it is considered and reported as a refusal test and is a direct act of insubordination and could result in termination. A test refusal includes the following circumstances.

- (1) A covered employee who leaves the scene of an accident without a legitimate explanation prior to submission to drug/alcohol tests.
- (2) Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer. This includes the failure of an employee (including an owner-operator) to appear for a test when called by a C/TPA (see 49 CFR Part 40.61(a)).
- (3) Fail to remain at the testing site until the testing process is complete; Provided, That an employee who leaves the testing site before the testing process commences (see 49 CFR Part 40.63 (c)) for a pre-employment test is not deemed to have refused to test.
- (4) A covered employee fails to appear for any test within a reasonable time, as determined by the employer, after being directed to do so by the employer.
- (5) A covered employee fails to remain at the testing site until the testing process is complete; Provided, that an employee who leaves the testing site before the testing process commences.

- (6) A covered employee fails to provide a sufficient amount of urine or breath specimen when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure; Provided, That an employee who does not provide a urine specimen because he or she has left the testing site before the testing process commences.
- (7) In the case of a directly observed or monitored collection in a drug test, fail to permit the observation or monitoring of your provision of a specimen (see 49 CFR Parts 40.67(1) and 40.69(g)).
- (8) Fail to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure (see 49 CFR Part 40.193(d)(2)).
- (9) Fail or decline to take an additional drug test the employer or collector has directed you to take (as listed in 49 CFR Part 40.197(b)).
- (10) Fail to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER under 49 CFR Part 40.193(d). In the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment. If there was no contingent offer of employment, the MRO will cancel the test.
- (11) Fail to cooperate with any part of the testing process (e.g., refuse to empty pockets when directed by the collector, behave in a confrontational way that disrupts the collection process, fail to wash hands after being directed to do so by the collector).
- (12) For an observed collection, fail to follow the observer's instructions to raise your clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process.
- (13) Possess or wear a prosthetic or other device that could be used to interfere with the collection process.

- (14) Admit to the collector or MRO that you adulterated or substituted the specimen.
- (a) As an employee, if the MRO reports that you have a verified adulterated or substituted test result, you have refused to take a drug test.
  - (b) As an employee, if you refuse to take a drug test, you incur the consequences specified under DOT agency regulations for a violation of those DOT agency regulations.
  - (c) As a collector or an MRO, when an employee refuses to participate in the part of the testing process in which you are involved, you must terminate the portion of the testing process in which you are involved, document the refusal on the CCF (including, in the case of the collector, printing the employee's name on Copy 2 of the CCF), immediately notify the DER by any means (e.g., telephone or secure fax machine) that ensures that the refusal notification is immediately received. As a referral physician (e.g., physician evaluating a “shy bladder” condition or a claim of a legitimate medical explanation in a validity testing situation), you must notify the MRO, who in turn will notify the DER.
    - (1) As the collector, you must note the refusal in the “Remarks” line (Step 2), and sign and date the CCF.
    - (2) As the MRO, you must note the refusal by checking the “Refusal to Test” box in Step 6 on Copy 2 of the CCF, checking whether the specimen was adulterated or substituted and, if adulterated, noting the adulterant/reason. If there was another reason for the refusal, check “Other” in Step 6 on Copy 2 of the CCF, and note the reason next to the “Other” box and on the “Remarks” lines, as needed. You must then sign and date the CCF.
- (15) As an employee, when you refuse to take a non-DOT test or to sign a non-DOT form, you have not refused to take a DOT test. There are no consequences under DOT agency regulations for refusing to take a non-DOT test.
- (16) Failure to sign Step 2 of the Alcohol Testing form.

*The second instance of a verified positive drug and/or alcohol (>or equal to 0.04 BAC) test including a refusal to test because of an adulterated or substituted sample result submitted under the random, reasonable suspicion, post-accident, return-to-duty, or follow-up drug/alcohol test provisions herein shall be subject to termination from City employment.*

An alcohol test result of 0.02 to 0.039 BAC shall result in the removal of the employee from duty for eight hours or the remainder of the work day whichever is longer. The employee will not be allowed to return to safety-sensitive duty until (1) The employee's alcohol concentration measures less than 0.02; or (2) The start of the employee's next regular scheduled duty period, but not less than eight hours following administration of the test. *If the employee has an alcohol test result of 0.02 to 0.039 two or more times within a six month period, the employee will be removed from duty and referred for assessment and treatment.*

*The cost of any treatment or rehabilitation services will be paid directly by the employee or their insurance provider. The employee will be permitted to take accrued sick leave or administrative leave to participate in the SAP prescribed inpatient treatment program. If the employee has insufficient accrued leave, the employee shall be placed on leave without pay until the SAP has determined that the employee has successfully completed the required treatment program and released him/her to return-to-duty. Any leave taken, may be considered leave taken under the Family and Medical Leave Act.*

*In the instance of a self-referral or a management referral, for substance abuse, the following conditions of employment apply:*

- (1) *Mandatory referral for an assessment, treatment plan, and execution of a return to work agreement;*
- (2) *Failure to execute, or remain compliant with the return-to-work agreement, the employee is subject to termination from City employment.  
\* Compliance with the return-to-work agreement means that the employee has submitted to a drug/alcohol test immediately prior to returning to work; the result of that test is negative; in the judgment of the SAP the employee is cooperating with his/her SAP recommended treatment program; and, the employee has agreed to periodic unannounced follow-up testing as defined in this policy.*

- (3) *Refusal to submit to a periodic unannounced follow-up drug/alcohol test shall be considered a direct act of insubordination and shall be subject to termination;*
- (4) *A self-referral or management referral for assessment and treatment that was not precipitated by a positive test result does not constitute a violation of the Federal regulations. However, employee is subject to the Non-Dot policies.*
- (5) *Periodic unannounced follow-up drug/alcohol test conducted as a result of a self-referral or management referral which results in a verified positive shall be considered a positive test result in relation to the progressive discipline defined in the Non-DOT Drug and Alcohol policy.*
- (6) A voluntary Referral does not shield an employee from disciplinary action or guarantee employment with the City.
- (7) A voluntary Referral does not shield an employee from the requirement to comply with drug and alcohol testing.
- (8) Failure of an employee to report within five days a criminal drug statute conviction for a violation occurring in the workplace shall be subject to termination.

R. GRIEVANCE AND APPEAL

The consequences specified by 49 CFR Part 655 for a positive test or test refusal are not subject to arbitration.

S. PROPER APPLICATION OF THE POLICY

The City is dedicated to assuring fair and equitable application of this substance abuse policy. Therefore supervisors/managers are required to use and apply all aspects of this policy in an unbiased and impartial manner. Any supervisor/manager who knowingly disregards the requirements of this policy, or who is found to deliberately misuse the policy in regard to subordinates, shall be subject to disciplinary action, up to and including termination.

## T. RECORD KEEPING

Each individual's record of testing and results under this policy will be maintained private and confidential.

The **City** will keep the following records for the periods specified. The person responsible for maintaining the records kept within the **City** will be maintained in locked containers or in a secure location by the Program Administrator.

- (1) Records that demonstrate the collection process as listed in 49 CFR Part 655 will be kept for two years.
- (2) Records of employee drug and alcohol test results that show employees who failed or refused a drug and/or alcohol test, and the type of test failed, if any, will be kept for a minimum of 5 years, and include the following information:
  - (a) The functions performed by each employee who fails the drug test.
  - (b) The prohibited drugs which were used by each employee who fails the drug test.
  - (c) The disposition of each employee who fails the drug test (e.g. termination, rehabilitation, leave without pay, etc.).
  - (d) Documentation that supports the MRO's determinations.
  - (e) Records that demonstrate rehabilitation will also include the MRO's determination.
- (3) Records of employee drug and alcohol test results that show employees passed the test will be kept for a minimum of one year.
- (4) A record of the number of employees tested by type of test will be kept for a minimum of 5 years.
- (5) Records confirming that supervisors and employees have been trained as required by this policy will be kept for a minimum of 2 years. Training records will include copies of all training materials. These records will be maintained by the **City** Program Administrator.
- (6) Calibration documentation of evidentiary breath testing devices will be kept for a minimum of 2 years.

- (7) SAP evaluations and referrals of employees for drug abuse and/or alcohol misuse will be kept for a minimum of 5 years at Continuum Employee Assistance.
- (8) Employee compliance with recommendations of the SAP for drug use and/or alcohol misuse, including results of return to duty and follow-up testing will be kept for 5 years.
- (9) MIS Reports will be kept for 5 years.

U. QUALITY ASSURANCE MONITORING PLAN

- (1) Third Party Administrator:  
The City of Lincoln will perform a site visit to third party administrator once every two years, to monitor compliance with the drug and alcohol program requirements.
- (2) Contractors:  
The City of Lincoln will maintain a copy of all contractors drug and alcohol program policies and will annually meet with all contractors to monitor compliance with the drug and alcohol program requirements.

V. SPECIMEN COLLECTION PROCEDURES

The collection site will provide:

- An enclosure for urinating in private.
- A toilet or receptacle large enough to contain a complete void.
- A source for washing hands.
- A suitable surface for writing.

A Federal drug testing custody and control form will be used for collection and a split sample taken.

The collection site will be secure to prevent unauthorized access during the collection process. The specimen will be kept in sight of the donor and collection site person until sealed and ready for shipment. Employees will have individual privacy unless they are required to take a directly-observed test.

Specific procedures will be followed during collection of the specimen, including:

- (1) Positive ID of the donor.
- (2) Removal of outer garments only (coat jackets) - employees will not be required to undress or wear a hospital or other examination gown.
- (3) Wash hands prior to collection of specimen.
- (4) Water sources in the collection site enclosure must be secured.
- (5) Bluing agent must be added to the toilet tank and bowl.
- (6) Select, or allow the employee to select, an individually wrapped or sealed collection container from collection kit materials. Either you or the employee, with both of you present, must unwrap or break the seal of the collection container. You must not unwrap or break the seal on any specimen bottle at this time.
- (7) Collector remains outside the enclosure.
- (8) Donor may flush toilet only after releasing specimen to collector.
- (9) The specimen should contain at least 45ml of urine.

Upon receiving the specimen from the individual, the collection site person shall determine if it contains at least 45 milliliters of urine to be split in two containers, one with 30ml and one with 15ml. If the individual is unable to provide 45 milliliters of urine, the collection site person shall direct the individual to drink not more than 40 ounces of fluids for up to three hours and again attempt to provide a complete sample using a fresh specimen bottle. The original specimen shall be discarded.

If the employee cannot provide a complete sample within the up to 3-hour period, then the employer's MRO shall refer the individual for a medical evaluation to develop pertinent information concerning whether the individual's inability to provide a specimen is genuine or constitutes a refusal to provide a specimen. Upon completion of the examination, the MRO shall report his or her conclusions to the employer in writing.

The collector must measure the temperature of the specimen within four minutes after collection, and inspect the specimen for color and unusual signs of contamination.

Collector and donor must complete the collection process together, including:

- (1) Sealing and labeling of the specimen bottle.
- (2) Donor initialing the bottle label or seal.
- (3) Signing and dating of a DOT custody and control form. The use of a non-DOT drug test form does not invalidate a test if the proper steps as stated in 49 CFR Part 40.205(b) are taken to correct the flaw.

Collector must prepare specimens for shipment. The chain-of-custody form is sealed with the specimen bottle in a tamper evident bag when shipped to the laboratory. A split specimen is obtained when urine from a single void is divided into two bottles. The first or primary specimen must contain at least 30ml of urine; the second or split specimen contains the remainder of urine up to 15ml. All procedures and documentation must be carried out for the split specimen.

In the event that primary specimen is verified as positive, the safety sensitive employee will be notified by the City's MRO of the positive test and given the option to have the second bottle sent to a different DHHS approved laboratory for analysis. To exercise this option, the safety sensitive employee must advise the City's MRO within 72 hours of being told that the primary specimen was a confirmed positive. The employee will be required to submit a check to the appropriate City representative for the cost of the test to pay for the split retest. If payment is not received the City will proceed with the testing requirements as list in 49 CFR Part 40.173. Pending the outcome of the additional analysis, the safety sensitive employee shall be removed from safety-sensitive duties but they are not considered to have tested positive to a DOT drug test. The split specimen, if tested, is only tested by GC/MS to confirm the presence of the drug(s) found in the primary specimen.

*Except for the use of methadone and medications containing alcohol, nothing in this policy prohibits a safety sensitive employee's use of a medication legally prescribed by a licensed physician: (i) who is familiar with the safety sensitive employee's medical history and specific safety-sensitive duties, and (ii) who has advised the safety sensitive employee that the prescribed medication will not adversely affect the safety sensitive employee's ability to operate a motor vehicle safely. Medications prescribed for someone other than the safety sensitive employee, however, will not be considered lawfully used when taken by the safety sensitive employee under any circumstances.*

Before being tested for drugs, safety sensitive employees may list on their copy of the chain-of-custody form, any prescription and non-prescription medications being lawfully used by that safety sensitive employee at that time. This list will remind the safety sensitive employee of any medications being taken at the time of the collection, in the event of an MRO interview. A "positive" drug test may be declared "negative" by the City's MRO, if the safety sensitive employee can provide the MRO with clear and convincing evidence that the drug that was used was prescribed by a licensed physician. The determination of this will be made by the City's MRO.

If adulterants are found in either specimen, the information must be documented on the Federal Custody and Control Form and reported as a "Refusal to Test" to the employer. If no adulterant is found in the split, and the second laboratory is unable to reconfirm the presence of the drug/metabolite in the split specimen, both the primary and the split tests must be canceled. If the split sample is clearly negative for the five drugs being tested, the employee will be reimbursed for the cost of the tests.

#### W. MEDICAL REVIEW OFFICER (MRO)

The MRO for the **City** is a licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by an employer's drug testing program who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result together with his or her medical history and any other relevant biomedical information.

According to the DOT regulations the following is a list of the MRO's specific responsibilities:

- Receive negative and positive confirmed results from the laboratory.
- Request, if needed, a quantitative description of test results.
- Receives a certified copy of the original chain of custody.
- Review and interpret positive test results.
- Inform the tested individual and provide test results.
- Conduct a medical interview with the tested individual.
- Review the individual's medical history, or any other relevant biomedical factors.

- Give the individual an opportunity to discuss test results, to determine if there is a legitimate medical reason for a confirmed positive test result.
- If necessary, order a re-analysis of the original sample in a certified laboratory.
- Consult with others if questions of accuracy arise.
- Consult with laboratory officials.
- Reject urinalysis results that do not comply with the mandatory guidelines.
- You must verify a laboratory confirmed positive opioid result as described in 49 CFR Part 40.139.
- Determine whether a result is consistent with legal drug use.
- Forward results of verified positive tests to the **City**
- If there is no legitimate medical reason for a confirmed positive test, the MRO reports the test as positive to the designated employee representative.
- As an employee, when the Medical Review Officer has notified you that you have a verified positive drug test or refusal to test because of adulteration or substitution, you have 72 hours from the time of notification to request a test of the split specimen. The request may be verbal or in writing. The expense for this test is solely the responsibility of the employee, unless the test is negative. At that time, the **City** will reimburse the employee for their expenses incurred in this test. The **City** may seek payment or reimbursement of all or part of the cost of the split specimen from the employee.
- Advise the **City** of any employee taking a drug or medication, whether or not prescribed by a physician, which may adversely affect the employee's ability to perform work in a safe or productive manner. The employee's department head after considering medical recommendations then will determine whether the employee can remain at work and whether any work restrictions will be necessary.

If the MRO is unable to contact the employee to confirm a positive test result, the MRO will take the following steps.

- If after making all reasonable efforts with the specific steps the MRO is required to take to attempt to contact an employee as described in 49 CFR Part 40.131. If it becomes necessary to reach the individual through the designated management official, the designated management official shall employ procedures that ensure, to the maximum extent practicable, the requirement that the employee contact the MRO is held in confidence.

If, after making all reasonable efforts, the designated management official is unable to contact the employee, the **City** may place the employee on leave without pay.

- The MRO may communicate a verification to the Plan Administrator of a test as positive without having communicated directly with the employee about the test, in four circumstances:
  - (1) The employee expressly declines the opportunity to discuss the test;
  - (2) The designated employer representative has successfully made and documented a contact with the employee and instructed the employee to contact the MRO and more than 72 hours have passed since the time the designated employee representative contacted the employee;
  - (3) If neither the MRO or designated employee representative, after making and documenting all reasonable efforts, has been unable to contact the employee within 10 days of the date on which the MRO receives the laboratory result; or
  - (4) Other circumstances provided for in DOT agency drug testing regulations.

If a test is verified positive under the circumstances specified above, the employee may present to the MRO information documenting that serious illness, injury, or other circumstances unavoidable, prevented the employee from timely contacting the MRO. The MRO, on the basis of such information, may reopen the verification, allowing the employee to present information concerning a legitimate medical explanation for the confirmed positive test result. If the MRO concludes that there is a legitimate medical explanation, the MRO declares the test to be negative.

## APPENDIX I

### LIST OF COVERED POSITIONS

## Appendix I

### List of Covered Positions

Within the following Job Classifications certain positions require possession of a Commercial Driver's License. For purposes of this Policy and the City's drug and alcohol testing program, performing a "safety-sensitive function" means any of the following duties, when performed by employees of recipients, sub-recipients, operators, or contractors:

- (1) Operation of a transit revenue service vehicle even when the vehicle is not in revenue service;
- (2) Operating of a non-revenue service vehicle, by an employee when the operation of such a vehicle requires the driver to hold a Commercial Driver's License (CDL);
- (3) Controlling dispatch or movement of a revenue service vehicle;
- (4) Maintaining (including repairs, overhaul and rebuilding) a revenue service vehicle or equipment used in revenue service. unless the recipient receives section 5311 funding and contracts out such services;
- (5) Carrying a firearm for security purposes.

The City reserves the right to amend the list of positions covered by this policy and the supervisory positions required to attend training without redrafting the entire policy.

#### Public Works and Utilities, Transportation Division, StarTran Section

Assistant Transit Manager  
Bus Apprentice Mechanic  
Bus Cleaner  
Bus Journey Mechanic  
Bus Maintenance Superintendent  
Bus Operations Superintendent  
Bus Operator  
Bus Service Worker  
Garage Supervisor  
StarTran Field Supervisor  
StarTran Handi-Van Supervisor  
Transit Manager

#### Mayor's Department, Aging Division, Handyman Services Section

Entry Level Worker

APPENDIX II  
LIST OF SUPERVISORS

## Appendix II

### List of Supervisory Positions Drug and Alcohol Testing Training

#### Public Works and Utilities, Transportation Division, StarTran Section

- Assistant Transit Manager
- Transit Manager
- Bus Maintenance Superintendent
- Bus Operations Superintendent
- Garage Supervisor
- StarTran Field Supervisor
- StarTran Handi-Van Supervisor

#### Mayor's Department, Aging Division, Handyman Services Section

- Program Supervisor
- Maintenance Supervisor

APPENDIX III  
FACT SHEETS ON DRUGS AND ALCOHOL

## Alcohol Fact Sheet

Alcohol is a drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

### Description

- **Generic/Chemical Names (Representative):** Beer (about 4.5 percent alcohol), wine (about 14 to 20 percent alcohol), distilled spirits or liquor (about 50 percent alcohol).
- **Alternative Sources:** After-shave lotion, cough medicine, antiseptic mouthwash, vanilla extract, disinfectant, room deodorizer fluid, cologne, breath sprays, shaving creams, rubbing alcohol.
- **Common Street Names:** Booze, juice, brew, grain, shine, hooch.
- **Distinguishing Characteristics:** Pure ethanol (sold in some States as "grain alcohol") is a colorless liquid with a distinctive odor and taste. It has a cooling effect when rubbed on the skin. Most commonly, however, alcohol is consumed as the component of another beverage, and grain alcohol itself is normally diluted with juices or other soft drinks by the consumer. Depending upon the concentration of alcohol in the beverage, the aroma of alcohol may serve as an indicator of the presence of alcohol in a beverage. Since the sale and distribution of all products containing more than a trace amount of ethanol are regulated by Federal and State governments, the best guide to whether a specific beverage contains alcohol will be label information if the original container is available.
- **Paraphernalia:** Liquor, wine, after-shave, or cough medicine bottles; drinking glasses; cans of alcohol-containing beverages; can and bottle openers. Paper bags are sometimes used to conceal the container while the drink is being consumed.
- **Method of Intake:** Alcohol is consumed by mouth. It is infrequently consumed as pure (grain) alcohol. It is, however, frequently consumed in the form in which it is sold (e.g., cans of beer, "straight" liquor, glasses of wine). Alcohol is often consumed in combination with other beverages ("mixers"), either to make it more palatable or to disguise from others that alcohol is being consumed.

- **Duration of Single Dose Effect:** Alcohol is fully absorbed into the bloodstream within 30 minutes to 2 hours, depending upon the beverage consumed and associated food intake. The body can metabolize about one quarter of an ounce (0.25 oz. roughly half the amount in a can of beer) of alcohol per hour.

The effects of alcohol on behavior (including driving behavior) vary with the individual and with the concentration of alcohol in the individual's blood. The level of alcohol achieved in the blood depends in large part (although not exclusively) upon the amount of alcohol consumed and the time period over which it was consumed. One rule of thumb says that in a 150-pound person, each drink adds 0.02% to blood alcohol concentration and each hour that passes removes 0.01percent from it.

Generally speaking, alcohol is absorbed into the blood relatively quickly and metabolized more slowly. Therefore, the potential exists for alcohol concentrations to build steadily throughout a drinking session. The table below shows some general effects of varying levels of BAC:

<u>BAC</u>	<u>Behavioral Effects</u>
0.02-0.09%	Loss of muscular coordination, impaired senses, changes in mood and personality
0.10-0.19%	Marked mental impairment, further loss of coordination, prolonged reaction time.
0.20-0.29%	Nausea, vomiting, double vision.
0.30-0.39%	Hypothermia, blackouts, anesthesia.
0.40-0.70%	Coma, respiratory failure, death.

- **Detection Time:** The detection time for alcohol depends upon the maximum level of BAC achieved and varies by individual. Since under FMCSA regulations alcohol concentrations as low as 0.02 percent (under DOT testing procedures, breath alcohol concentration is used as a proxy for BAC) require employer action, and current technology can reliably detect this level, a driver who had achieved a moderate level of intoxication (i.e., 0.08 percent BAC) would be detectable approximately 8 hours after achieving that level. (Note: this is detectability after achieving this level and not after commencing or stopping drinking.)

- **Dependency Level:** The chronic use of alcohol can produce dependence in some individuals manifested by craving, withdrawal, and tolerance. Despite the fact that many individuals consume alcoholic beverages (more than 90 percent of Americans at some point during their lives), relatively few of them (only about 10 percent of drinkers) develop psychological and physical dependency on it.

### **Signs and Symptoms of Use**

- **Evidence of Presence of Alcohol:** Bottles, cans, and other containers which alcohol-containing beverages may have been purchased and/or consumed in; bottle caps from alcohol containers; bottle or can openers; drivers drinking from paper bags; odor of alcohol on containers or on driver's breath.
- **Physical Symptoms:** Reduction of reflexes, slurred speech, loss of coordination, unsteady gait.
- **Behavioral Symptoms:** Increased talkativeness, reduced emotional control, distorted judgment, impaired driving ability, gross effects on thinking and memory.

### **Effects of Alcohol on the Individual**

#### *Physical Health Effects*

- The liver is the primary site of alcohol metabolism and can be severely affected by heavy alcohol use. The three primary dangers are fatty liver, alcoholic hepatitis, and cirrhosis.
- Heavy alcohol use can also severely affect the gastrointestinal tract, contributing to inflammation of the esophagus, exacerbating peptic ulcers, and causing acute and chronic pancreatitis. It interferes with the absorption of nutrients from food and contributes to malnutrition.
- Heavy alcohol use affects the heart and vascular system, contributing to heart attacks, hypertension, and strokes.
- Either because of direct action or indirectly through the malnutrition, liver disease, and other effects it causes, alcohol depresses immune system functioning and increases the likelihood of infection.
- There is considerable evidence that alcohol abuse is associated with the incidence of cancer, particularly cancers of the liver, esophagus, nasopharynx, and larynx.
- Heavy alcohol consumption causes brain damage, manifested through dementia, blackouts, seizures, hallucinations, and peripheral neuropathy.

### *Other Health Effects*

- In addition to having direct health effects through physiological changes in the drinker's body, alcohol contributes significantly to health problems indirectly. While most of the medical consequences of alcohol use listed above result from chronic use, these other effects can often result from a single episode of acute use:

One half of all traffic accident fatalities are alcohol-related.

The risk of a traffic fatality per mile driven is at least eight times higher for a drunk driver than for a sober one.

Falls are the most common cause of nonfatal injuries in the U.S. and the second-most common cause of fatal accidents. Estimates of the involvement of alcohol in these falls range from 20 to 80 percent. A BAC between 0.05 and 0.10 percent increases the likelihood of a fall by three times. Between 0.10 and 0.15 percent, it increases by a factor of 10, and above 0.16 percent it increases by a factor of 60.

Research indicates over 60 percent of those dying in non-vehicular fires (fourth leading cause of accidental death in the United States) have BACs over 0.10 percent.

Approximately 38 percent of those drowning (third leading cause of accidental death in the United States) have been exposed to alcohol at the time of their deaths.

Between 20 and 36 percent of suicide victims have a history of alcohol abuse or were drinking shortly before their suicides.

Alcohol also plays a significant role in crime and family violence, including spousal and child abuse.

### *Effects on Driver Performance*

The statistics reported above make it clear that alcohol can have a devastating effect on driver performance. By affecting vision, reflexes, coordination, emotions, aggressiveness, and judgment, alcohol deprives the professional driver of most of the tools he or she relies upon to perform safely.

Hangovers also present a risk to driving behavior, as would other illnesses. The sick feeling associated with hangovers, including headaches, nausea, and other symptoms, can distract a driver's attention and lead to accidents even though alcohol may no longer be detectable in the body.

### *Overdose Effects*

- Unconsciousness, coma, death.

### *Withdrawal Syndrome*

Repeated use of alcohol results in tolerance, with increasing consumption necessary to attain its characteristic effects. Alcohol at a given blood level produces less impairment in heavy drinkers than it does in lighter drinkers. Alcohol is toxic by itself and, coupled with the malnutrition common in alcoholics, can lead to kidney disease, deterioration of mental faculties, and psychotic episodes (the "DTs") if the alcohol is withdrawn. The DTs are characterized by hallucinations and extreme fear, and their presence are a clear indication of alcohol dependence. Withdrawal and the associated DTs can be fatal.

### *References*

Blum, Kenneth, "Handbook of Abusable Drugs," NY, Gardner Press, 1984.

Department of Health and Human Services, "Alcohol and Health: 7th Special Report to the U.S. Congress," Washington, DC, 1990.

## Amphetamine Fact Sheet

Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration at higher doses are the reasons for their abuse. Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. Most amphetamines that are abused are illegally manufactured in foreign countries and smuggled into the United States or clandestinely manufactured in crude laboratories.

### Description

- **Generic/Chemical Names:** Include amphetamine and methamphetamine. Trade names include: Desoxyn, Dexapex, Fastin, Vasotilin, Dexedrine, Delcobese, Fetamine, Obetrol.
- **Common Street Names:** Uppers, speed, bennies, crystal, black beauties, Christmas trees, white crosses, mollies, bam, crank, meth, ice, LA ice.
- **Distinguishing Characteristics:** In their pure form, amphetamines are yellowish crystals. They are manufactured in a variety of forms, including pill, capsule, tablet, powder, and liquid. Amphetamine ("speed") is sold in counterfeit capsules or as white, flat, double-scored "mini bennies." Methamphetamine is often sold as a creamy white, granular powder or in lumps wrapped in aluminum foil or sealable plastic bags.
- **Paraphernalia:** Needles, syringes, and rubber tubing for tourniquets, used for the injection method.
- **Method of Intake:** The most common forms of amphetamines are pills, tablets, or capsules, which are ingested. The less frequent forms, liquid and powder, are injected or snorted.
- **Duration of Single Dose Effect:** 2 to 4 hours.
- **Detection Time:** 1 to 2 days after use.
- **Dependency Level:** Psychological dependence on amphetamines is known to be high. Physical dependence is possible.

### Signs and Symptoms of Use

- **Evidence of Presence of Amphetamines:** Most frequently pills, capsules, or tablets; envelopes, bags, vials for storing the drug; less frequently syringes, needles, tourniquets.

- **Physical Symptoms:** Dilated pupils, sweating, increased blood pressure, palpitations, rapid heartbeat, dizziness, decreased appetite, dry mouth, headaches, blurred vision, insomnia, high fever (depending on the level of the dose).
- **Behavioral Symptoms:** Confusion, panic, talkativeness, hallucinations, restlessness, anxiety, moodiness, false sense of confidence and power; "amphetamine psychosis" which might result from extended use (see health effects).

## **Effects of Amphetamine Use on the Individual**

### *Physical Health Effects*

- Regular use produces strong psychological dependence and increasing tolerance to drug.
- High doses may cause toxic psychosis resembling schizophrenia.
- Intoxication may induce a heart attack or stroke due to spiking of blood pressure.
- Chronic use may cause heart and brain damage due to severe constriction of capillary blood vessels.
- The euphoric stimulation increases impulsive and risk-taking behaviors, including bizarre and violent acts.
- Long-term heavy use can lead to malnutrition, skin disorders, ulcers, and various diseases that come from vitamin deficiencies.
- Lack of sleep, weight loss, and depression also result from regular use.
- Users who inject drugs intravenously can get serious and life-threatening infections (e.g., lung or heart disease, kidney damage) from nonsterile equipment or contaminated self-prepared solutions.

### *Effects on Mental Performance*

- Anxiety, restlessness
- Moodiness
- False sense of power.

Large doses over long periods can result in

- Hallucinations
- Delusions
- Paranoia
- Brain damage.

#### *Effects on Driver Performance*

Amphetamines cause a false sense of alertness and potential hallucinations, which can result in risky driving behavior and increased accidents. Drivers who fail to get sufficient rest may use the drug to increase alertness. However, although low doses of amphetamines will cause a short-term improvement in mental and physical functioning, greater use impairs functioning. The hangover effect of amphetamines is characterized by physical fatigue and depression, which make operation of equipment or vehicles dangerous.

#### *Overdose Effects*

- Agitation
- Convulsions
- Increase in body temperature
- Death
- Hallucinations

#### *Withdrawal Syndrome*

- Apathy
- Depression
- Long-term periods of sleep
- Disorientation
- Irritability

## **Workplace Issues**

- Because amphetamines alleviate the sensation of fatigue, they may be abused to increase alertness due to unusual overtime demands or failure to get rest.
- Low-dose amphetamine use will cause a short-term improvement in mental and physical functioning. With greater use or increasing fatigue, the effect reverses and has an impairing effect. Hangover effect is characterized by physical fatigue and depression, which may make operation of equipment or vehicles dangerous.

### *Reference*

Federal Motor Carrier Safety Administration, Office of Motor Carriers, "Guidelines for Implementing the FMCSA Anti-Drug Program," Publication No. FMCSA-MC-91-014, March 1992.

## **Ecstasy (MDMA) Fact Sheet**

### **What is Ecstasy?**

Ecstasy is a toxic stimulant with hallucinogenic and psychedelic properties as well. It is illegal to manufacture, possess, or sell in the US; however, it is produced outside of the US and illegally in the US.

### **What does it look like?**

Ecstasy typically comes in small tablet or capsule form. Vendors or producers typically will have their own color or logo on the pill. Some investigators have also noted a powder form that is snorted or smoked as well as a liquid form.

### **Ecstasy tablets**

#### **What does it do?**

Ecstasy can produce confusion, nausea, chills, hallucinations, sweating, tremors, blurred vision, loss of consciousness, seizures, strokes, paranoia, and anxiety in as little as 20-60 minutes after ingestion. However, another major issue arises with Ecstasy. People who have circulatory or heart problems are at increased risk of heart attack, stroke, and death because Ecstasy speeds up heart rate and increases blood pressure. This is also why it is a popular “club drug.” It suppresses the need to sleep, eat, or drink. Therefore, people can dance all night long without stopping for a break, which is also problematic. Not stopping for a break can lead to dehydration, heart failure, and kidney failure due to excessive body heat. As a “rape drug,” Ecstasy reduces anxiety, produces a feeling of extreme relaxation, enhances the sense of touch, and may create positive feelings about others regardless of who they are. Typically, the effects of Ecstasy can last 4-6 hours.

### **Where do people get it?**

Since it is illegal in the US, it is smuggled into the country from Western Europe, primarily Belgium and the Netherlands where it is secretly manufactured. These Western European countries produce about 80% of the Ecstasy consumed worldwide. It is trafficked into the US via express mail services, commercial airlines, and airfreight shipments. In the US, secret homemade labs are used to manufacture Ecstasy. Recently, the US has made it more difficult to obtain the ingredients used to make Ecstasy. It is classed as a Schedule I controlled substance under the Controlled Substances Act.

### **How do people use it?**

The most common place for the use of this drug is at parties called raves. Most commonly, the user willingly takes the drug. However, others who are present may take advantage of the intoxication of the user. As a “rape drug,” Ecstasy reduces anxiety and produces a feeling of extreme relaxation. It enhances the sense of touch and may create positive feelings about others regardless of who they are. This means that your ability to sense danger is diminished and could put you in a very dangerous situation.

### **What are some of Ecstasy's street names?**

Ecstasy, E, X, X-TC, Hug Drug, Adam, CK, Clarity, Lover's Speed, M&M's, Morning Shot, Pollutants, B-bombs, Bens, Essence, Scooby Snacks, Eve, Speed for Lovers, Cristal, Go, Sweeties, Decadence, Wheels, Dex, Iboga, Disco Biscuit, and Love Drug.

### **Is it detectable and how long does it stay in your system?**

YES. A urine test can detect the presence of Ecstasy up to 3-5 days after ingestion, but most experts say that 72 hours maximum can yield better results. This test must be ordered by a health professional because it is not part of a normal “tox screen.”

### **Is there anything else I should know about Ecstasy?**

Research shows that Ecstasy causes damage to areas of the brain critical to thought and memory. Brain activity increases while on the drug which decreases the amount of neurotransmitters available for other necessary brain activities. Users are also at risk of being given a substitute drug. A “weaker” drug called PMA is often substituted for Ecstasy. In turn, more PMA is ingested to maintain the high, which often leads to overdose and increased risk of death. Additionally, other drugs or impurities can be added to the formulation of Ecstasy. Since these impurities are not standard or regulated, adverse reactions can be fatal.

**What do I do if I think I have been drugged at a party?**

Get to a safe place and call someone you trust with your life. Have your trusted friend get you to a hospital emergency room immediately. Remember, when mixed with alcohol, Ecstasy can be fatal for some people. Try to keep some of the beverage for testing if possible. Notify appropriate law enforcement (campus or community police). If you think you have been raped or sexually assaulted after ingesting a drug-laced beverage, call a rape crisis center. The NWA Rape Crisis center hotline is 1-800-794-4175 and the Benton County Rape Crisis Center hotline is 1-800-775-9011. If you decide to file a police report, do not shower, bathe, douche, change clothes, or brush your teeth until medical and legal evidence can be collected. Get to a hospital or clinic to receive treatment for any internal/external injuries (whether or not you see any – they may be undetectable to you), testing for pregnancy or STD's, treatment for pregnancy or STD's, and to receive support. Request a urine test to detect the presence of drugs as soon as possible.

## Cocaine Fact Sheet

Cocaine is used medically as a local anesthetic. It is abused as a powerful physical and mental stimulant. The entire central nervous system is energized. Muscles are more tense, the heart beats faster and stronger, and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

### Description

- **Generic/Chemical Names:** Cocaine hydrochloride or cocaine base.
- **Common Street Names:** Coke, crack, snow, blow, flake, "C", toot, rock, base, nose candy, snort, white horse.
- **Distinguishing Characteristics:** Cocaine is an alkaloid (organic base) derived from the coca plant. In its more common form, cocaine hydrochloride or "snorting coke" is a white to creamy granular or lumpy powder chopped fine before use. Cocaine base, rock, or crack is a crystalline rock about the size of a small pebble.
- **Paraphernalia:** Cocaine hydrochloride single-edged razor blade, a small mirror or piece of smooth metal; a half straw or metal tube, and a small screw-cap vial or folded paper packet containing the cocaine (used for snorting), needles, tourniquets (used for injecting). Cocaine base a "crack pipe" (small glass smoking device for vaporizing the crack crystals); a lighter, alcohol lamp, or small butane torch for heating the substance.
- **Method of Intake:** Cocaine hydrochloride is snorted into the nose, rubbed on the gums, or injected into the veins. Cocaine base is heated in a glass pipe and the vapor is inhaled.
- **Duration of Single Dose Effect:** 1 to 2 hours.
- **Detection Time:** Up to 2 to 3 days after last use.
- **Dependency Level:** Research indicates possible physical dependence. Although there is insufficient evidence for humans, animal studies indicate "reverse tolerance," in which certain behavioral effects become stronger with repeated use of cocaine. Psychological dependence on cocaine is known to be high.

### Signs and Symptoms of Use

- **Evidence of Presence of Cocaine:** Small folded envelopes, plastic bags, or vials used to store cocaine; razor blades; cut-off drinking straws or rolled bills for snorting; small spoons; heating apparatus.

- **Physical Symptoms:** Dilated pupils, runny or irritated nose, profuse sweating, dry mouth, tremors, needle tracks, loss of appetite, hyperexcitability, restlessness, high blood pressure, heart palpitations, insomnia, talkativeness, formication (sensation of bugs crawling on skin).
- **Behavioral Symptoms:** Increased physical activity, depression, isolation and secretive behavior, unusual defensiveness, frequent absences wide mood swings, difficulty in concentration, paranoia, hallucinations, confusion, false sense of power and control.

## Effects of Cocaine Use on the Individual

### *Physical Health Effects*

- Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable damage to critical nerve cells. The onset of nervous system illnesses such as Parkinson's disease could also occur.
- Cocaine use causes the heart to beat faster and harder and rapidly increases blood pressure. In addition, cocaine causes spasms of blood vessels in the brain and heart. Both effects lead to ruptured vessels causing strokes or heart attacks.
- Strong psychological dependency can occur with one "hit" of crack. Usually, mental dependency occurs within days of using crack or within several months of snorting coke. Cocaine causes the strongest mental dependency of any known drug.
- Treatment success rates are lower than those of other chemical dependencies.
- Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid. The fatal effects of an overdose are not usually reversible by medical intervention. The number of cocaine overdose deaths in the United States has tripled in the last four years.

### *Effects on Mental Performance*

- Paranoia and hallucinations
- Hyperexcitability and overreaction to stimulus
- Difficulty in concentration
- Wide mood swings
- Withdrawal leads to depression and disorientation

### *Effects on Driver Performance*

Cocaine use results in an artificial sense of power and control, which leads to a sense of invincibility. Lapses in attention and the ignoring of warning signals brought on by cocaine use greatly increase the potential for accidents. Paranoia, hallucinations, and extreme mood swings make for erratic and unpredictable reactions while driving.

The high cost of cocaine frequently leads to workplace theft and/or dealing. Forgetfulness, absenteeism, tardiness, and missed assignments can translate into lost business.

### *Overdose Effects*

- Agitation
- Convulsions
- Increase in body temperature
- Death
- Hallucinations

### *Withdrawal Syndrome*

- Apathy
- Depression
- Long periods of sleep
- Disorientation
- Irritability

### *Reference*

Federal Motor Carrier Safety Administration, Office of Motor Carriers, "Guidelines for Implementing the FMCSA Anti-Drug Program," Publication No. FMCSA-MC-91-014, March 1992.

## Cannabinoids (Marijuana) Fact Sheet

Marijuana is one of the most misunderstood and underestimated drugs of abuse. People use marijuana for the mildly tranquilizing and mood and perception-altering effects it produces.

### Description

- **Generic/Chemical Name:** Dronabinol, marinol, nabilone.
- **Common Street Names:** Pot, dope, grass, hemp, weed, hooch, herb, hash, joint, Acapulco gold, reefer, sinsemilla, Thai sticks.
- **Distinguishing Characteristics:** Like tobacco, marijuana consists of dried, chopped leaves that are green to light tan in color. The seeds are oval with one slightly pointed end. Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense. Less prevalent, hashish is a compressed, sometimes tarlike substance ranging in color from pale yellow to black. It is usually sold in small chunks wrapped in aluminum foil.
- **Paraphernalia:** Cigarette papers, roach clip holders, and small pipes made of bone, brass, or glass are commonly found. Smoking "bongs" (large-bore pipes for inhaling large volumes of smoke) can easily be made from soft drink cans and toilet paper rolls.
- **Method of Intake:** Marijuana is usually inhaled in cigarette or pipe smoke. Occasionally, it is added to baking ingredients (e.g., brownies) and ingested. Tetrahydrocannabinol (THC), the active chemical detected in urinalysis, is released by exposure to heat.
- **Duration of Single Dose Effect:** The most obvious effects are felt for 4 to 6 hours. Preliminary studies suggest that performance impairment lasts longer. The active chemical, THC, is stored in body fat and slowly metabolized over time.
- **Detection Time:** Traces of marijuana will remain in the urine of an occasional user for up to 1 week, and, in the case of a chronic user, for 3 to 4 weeks.
- **Dependency Level:** Evidence indicates moderate psychological dependence.

### Signs and Symptoms of Use

- **Evidence of Presence of Marijuana:** Plastic bags (commonly used to sell marijuana); smoking papers; roach clip holders; small pipes of bone, brass, or glass; smoking bongs; distinctive odor.

- **Physical Symptoms:** Reddened eyes (often masked by eye drops); stained fingertips from holding "joints," particularly for nonsmokers; chronic fatigue; irritating cough; chronic sore throat; accelerated heartbeat; slowed speech; impaired motor coordination; altered perception; increased appetite.

- **Behavioral Symptoms:** Impaired memory, time-space distortions, feeling of euphoria, panic reactions, paranoia, "I don't care" attitude, false sense of power.

## **Effects of Marijuana Use on the Individual**

### *General Health Effects*

- When marijuana is smoked, it is irritating to the lungs. Chronic smoking causes emphysema-like conditions.
- One joint causes the heart to race and be overworked. People with undiagnosed heart conditions are at risk.
- Marijuana is commonly contaminated with the fungus *Aspergillus*, which can cause serious respiratory tract and sinus infections.
- Marijuana smoking lowers the body's immune system response, making users more susceptible to infection. The U.S. Government is actively researching a possible connection between marijuana smoking and the activation of AIDS in positive human immunodeficiency virus (HIV) carriers.

### *Pregnancy Problems and Birth Defects*

- The active chemical, THC, and 60 other related chemicals in marijuana concentrate in the ovaries and testes.
- Chronic smoking of marijuana in males causes a decrease in the male sex hormone, testosterone, and an increase in estrogen, the female sex hormone. The result is a decrease in sperm count, which can lead to temporary sterility. Occasionally, the onset of female sex characteristics, including breast development, occurs in heavy users.
- Chronic smoking of marijuana in females causes a decrease in fertility and an increase in testosterone.
- Pregnant women who are chronic marijuana smokers have a higher-than-normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life.

- In test animals, THC causes birth defects, including malformations of the brain, spinal cord, forelimbs, and liver, and water on the brain and spine.
- Offspring of test animals that were exposed to marijuana have fewer chromosomes than normal, causing gross birth defects or death of the fetus. Pediatricians and surgeons are concluding that the use of marijuana by either or both parents, especially during pregnancy, leads to specific birth defects of the infant's feet and hands.
- One of the most common effects of prenatal cannabinoid exposure is underweight newborn babies.
- Fetal exposure may decrease visual functioning and cause other ophthalmic problems.

#### *Mental Function*

Regular use can cause the following effects:

- Delayed decision-making
- Diminished concentration
- Impaired short-term memory, interfering with learning
- Impaired signal detection (ability to detect a brief flash of light), a risk for users who are operating machinery
- Impaired tracking (the ability to follow a moving object with the eyes) and visual distance measurements
- Erratic cognitive function
- Distortions in time estimation
- Long-term negative effects on mental function known as "acute brain syndrome," which is characterized by disorders in memory, cognitive function, sleep patterns, and physical condition.

#### *Effects on Driver Performance*

- The mental impairments resulting from the use of marijuana produce reactions that can lead to unsafe and erratic driving behavior. Distortions in visual perceptions, impaired signal detection, and altered reality can make driving a vehicle very dangerous.

*Overdose Effects*

- Aggressive urges
- Immobility
- Anxiety
- Mental dependency
- Confusion
- Panic
- Fearfulness
- Paranoid reaction
- Hallucinations
- Unpleasant distortions in body image
- Heavy sedation

*Withdrawal Syndrome*

- Sleep disturbance
- Irritability
- Hyperactivity
- Gastrointestinal distress
- Decreased appetite
- Salivation, sweating, and tremors

**Workplace Issues**

- The active chemical, THC, is stored in body fat and slowly releases over time. Marijuana smoking has a long-term effect on performance.

- A 500 to 800 percent increase in THC concentration in the past several years makes smoking three to five joints a week today equivalent to 15 to 40 joints a week in 1978.
- Combining alcohol or other depressant drugs and marijuana can produce a multiplied effect, increasing the impairing effect of *both* the depressant and marijuana.

*Reference*

Federal Motor Carrier Safety Administration, Office of Motor Carriers, "Guidelines for Implementing the FMCSA Anti-Drug Program," Publication No. FMCSA-MC-91-014, March 1992.

## Opioids (Narcotics) Fact Sheet

Opioids (also called narcotics) are drugs that alleviate pain, depress body functions and reactions, and, when taken in large doses, cause a strong euphoric feeling.

### Description

- **Generic/Chemical Names:** Natural and natural derivatives include opium, morphine, codeine, and heroin (semi-synthetic).

Synthetics include meperidine (Demerol), oxymorphone (Numorphan), and oxycodone (Percodan).

- **Common Street Names:** Big M, micro, dots, horse, "H", junk, smack, scag, Miss Emma, dope, China white.

- **Distinguishing Characteristics:** Because of the variety of compounds and forms, opioids are more difficult to clearly describe in terms of form, color, odor, and other physical characteristics. Opium and its derivatives can range from dark brown chunks to white crystals or powders. Depending on the method of intake, they may be in powder, pill, or liquid form.

- **Paraphernalia:** Needles, syringe caps, eyedroppers, bent spoons, bottle caps, and rubber tubing (used in the preparation for and injection of the drug).

- **Method of Intake:** Opioids may be taken in pill form, smoked, or injected, depending upon the type of narcotic used.

- **Duration of Single Dose Effect:** 3 to 6 hours.

- **Detection Time:** Usually up to 2 days.

- **Dependency Level:** Both physical and psychological dependence on opioids are known to be high. Dependence on codeine is moderate.

### Signs and Symptoms of Use

- **Evidence of Presence of Drug:** In addition to paraphernalia enumerated above, the following items may be present: foil, glassine envelopes, or paper "bindles" (packets for holding drugs); balloons or prophylactics used to hold heroin; bloody tissues used to wipe the injection site; a pile of burned matches used to heat the drug prior to injection.

- **Physical Symptoms:** Constricted pupils, sweating, nausea and vomiting, diarrhea, needle marks or "tracks," wearing long sleeves to cover "tracks", loss of appetite, slurred speech, slowed reflexes, depressed breathing and heartbeat, and drowsiness and fatigue.
- **Behavioral Symptoms:** Mood swings, impaired coordination, depression and apathy, stupor; euphoria.

### **Effects of Narcotics Use on the Individual**

- IV needle users have a high risk for contracting hepatitis and AIDS due to the sharing of needles.
- Narcotics increase pain tolerance. As a result, people could more severely injure themselves or fail to seek medical attention after an accident due to the lack of pain sensitivity.
- Narcotics' effects are multiplied when used in combination with other depressant drugs and alcohol, causing increased risk for an overdose.

#### *Effects on Mental Performance*

- Depression and apathy
- Wide mood swings
- Slowed movement and reflexes

In addition, the high physical and psychological dependence level of opioids compounds the impaired functioning.

#### *Effects on Driver Performance*

The apathy caused by opioids can translate into an "I don't really care" attitude toward performance. The physical effects as well as the depression, fatigue, and slowed reflexes impede the reaction time of the driver, raising the potential for accidents. Although opioids have a legitimate medical use in alleviating pain, workplace use may cause impairment of physical and mental functions.

### **Social Issues**

- There are more than 500,000 heroin addicts in the United States, most of whom are IV needle users.

- An even greater number of medicinal narcotic-dependent persons obtain their narcotics through prescriptions.
- Because of tolerance, there is an ever-increasing need for more narcotic to produce the same effect.
- Strong mental and physical dependency occurs.
- The combination of tolerance and dependency creates an increasing financial burden for the user. Costs for heroin can reach hundreds of dollars a day.

### **Workplace Issues**

- Unwanted side effects such as nausea, vomiting, dizziness, mental clouding, and drowsiness place the legitimate user and abuser at higher risk for an accident.
- Narcotics have a legitimate medical use in alleviating pain. Workplace use may cause impairment of physical and mental functions.

### *Reference*

Federal Motor Carrier Safety Administration, Office of Motor Carriers, "Guidelines for Implementing the FMCSA Anti-Drug Program," Publication No. FMCSA-MC-91-014, March 1992.

## Phencyclidine (PCP) Fact Sheet

Phencyclidine (PCP) was originally developed as an anesthetic, but the adverse side effects prevented its use except as a large animal tranquilizer. Phencyclidine acts as both a depressant and a hallucinogen, and sometimes as a stimulant. It is abused primarily for its variety of mood-altering effects. Low doses produce sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Larger doses may produce a comalike condition with muscle rigidity and a blank stare with the eyelids half-closed. Sudden noises or physical shocks may cause a "freak-out," in which the person has abnormal strength, extremely violent behavior, and an inability to speak or comprehend communication.

### Description

- **Generic/Chemical Names:** Phencyclidine.
- **Common Street Names:** Angel dust, dust, peace pills, hog, killer weed, mint, monkey dust, supergrass, Tran Q, weed.
- **Distinguishing Characteristics:** PCP is commonly sold as a creamy, granular powder. It is either brown or white and often packaged in one-inch-square aluminum foil or folded paper packets. Occasionally, it is sold in capsule, tablet, or liquid form. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine.
- **Paraphernalia:** Foil or paper packets; stamps (off which PCP is licked); needles, syringes, and tourniquets (for injection); leafy herbs (for smoking).
- **Method of Intake:** In pill, capsule, or tablet form, PCP may be ingested. It is commonly injected as "angel dust." It may be smoked or snorted when applied to leafy materials or combined with marijuana or tobacco.
- **Duration of Single Dose Effect:** Days.
- **Detection Time:** Up to 8 days.
- **Dependency Level:** Psychological dependence on PCP is known to be high. Physical dependence is unknown.

### Signs and Symptoms of Use

- **Evidence of Presence of PCP:** Packets, stamps, injection paraphernalia, herbs.

- **Physical Symptoms:** Dilated or floating pupils, blurred vision, nystagmus (jerky eye movement), drooling, muscle rigidity, profuse sweating, decreased sensitivity to pain, dizziness, drowsiness, impaired physical coordination (e.g., drunken-like walk, staggering), severe disorientation, rapid heartbeat.
- **Behavioral Symptoms:** Anxiety, panic/fear/terror, aggressive/violent behavior, distorted perception, severe confusion and agitation, disorganization, mood swings, poor perception of time and distance, poor judgment, auditory hallucinations.

### **Health Effects**

- The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.
- PCP is potentiated by other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction.
- Misdiagnosing the hallucinations as LSD-induced, and then treating with Thorazine, can cause a fatal reaction.
- Use can cause irreversible memory loss, personality changes, and thought disorders.
- There are four phases to PCP abuse. The first phase is acute toxicity. It can last up to three days and can include combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distance perception are common. The second phase, which does not always follow the first, is a toxic psychosis. Users may experience visual and auditory delusions, paranoia, and agitation. The third phase is a drug-induced schizophrenia that may last a month or longer. The fourth phase is PCP-induced depression. Suicidal tendencies and mental dysfunction can last for months.

### *Effects on Mental Performance*

- Irreversible memory loss
- Personality changes
- Thought disorders
- Hallucinations

### *Effects on Driver Performance*

The distortions in perception and potential visual and auditory delusions make driver performance unpredictable and dangerous. PCP use can cause drowsiness, convulsions, paranoia, agitation, or coma, all obviously dangerous to driving.

### *Overdose Effects*

- Longer, more intense "trip" episodes
- Psychosis
- Coma
- Possible death.

### *Withdrawal Syndrome*

- None reported

### **Workplace Issues**

- PCP abuse is less common today than in the recent past. It is not generally used in a workplace setting because of the severe disorientation that occurs.

APPENDIX IV  
PROGRAM RESOURCES

**Appendix IV**

City of Lincoln  
 Drug and Alcohol Program Resources  
 Effective: March 2012

Title/Provider	Name/Address/Phone
<b>Program Administrator</b>	Director of Human Resources wk (402) 441-7888
<b>Program Manager</b>	Human Resources Coordinator wk (402) 441-7880 hm (402)
<b>Designated Employer Representative</b>	Douglas Thorpe wk (402) 441-7531 hm (402) 540-0121
<b>Drug and Alcohol Collection Service</b>	<p>Company Care <b>(Breath Alcohol/Drug)</b> 7 days/week            5000 North 26<sup>th</sup> Street M-F excluding holidays            Lincoln, NE 68521 7:00am - 5:00pm            (402) 475-6656</p> <p><b>After hours testing only</b></p> <p>Heartland Toxicology <b>(Breath Alcohol/Drug)</b> <u>Hours</u></p> <p>Technicians to call in order for <b>after hours testing only:</b></p> <p>Kami Eiler 489-8786(Office) 890-6610(Cell) <b>For after hours only</b></p> <p>Todd Haverkamp 465-0770(Office) 580-2791(Cell) <b>For after hours only</b></p> <p>Barb Skiles 467-1301(Office) 304-7343(Cell) <b>For after hours only</b></p>
<b>Drug and Alcohol Counseling Services and Substance Abuse Professional (SAP)</b>	Continuum 1135 M Street, Suite 400 Lincoln, NE 68508 (402) 476-0186
<b>Medical Review Officers</b>	Western Pathology Consultants P.O. Box 1936 Scottsbluff, NE 69363 800-682-5176
<b>Testing Laboratory</b>	Medtox St. Paul, MN

APPENDIX V  
AGREEMENT

Appendix V  
Agreement

A.T.U. #1293 and the City of Lincoln agree that the Drug and Alcohol testing policy attached hereto shall be effective \_\_\_\_\_ and shall remain in effect thereafter unless either party notifies the other in writing that it desires to modify this agreement. The Policy and Agreement will remain in full force and effect during the period of negotiations.

Both parties acknowledge that the City has the responsibility to amend this policy for those practices mandated by the Federal Department of Transportation, without negotiations.

IN WITNESS WHEREOF, the parties hereto have set their hands this 20<sup>th</sup> day of Sept., 2017. <sup>18 19m</sup>

CITY OF LINCOLN, NEBRASKA  
a municipal corporation,

LOCAL 1293 OF THE  
AMALGAMATED TRANSIT UNION

  
\_\_\_\_\_  
Mayor

\_\_\_\_\_  
President, Local 1293

  
\_\_\_\_\_  
City Clerk



\_\_\_\_\_  
Financial Secretary