

GULF COUNTY
BOARD OF COUNTY COMMISSIONERS
DRUG-FREE WORKPLACE POLICY

Implemented 01/04/1993
Revised ~~08/01/2006~~
12/11/2013

I. STATEMENT OF POLICY

The Gulf County Board of County Commissioners has a vital interest in maintaining safe, healthful and efficient working conditions for its employees. Being under the influence of drugs or alcohol on the job may pose serious safety and health risks not only to the user and to those who work with the user, but also to the public we serve. The possession, use or sale of an illegal drug or alcohol in the workplace also poses unacceptable risks for safe, healthful and efficient operation.

The Gulf County Board of County Commissioners recognizes that its ability to provide a safe and satisfactory level of service to the citizens of Gulf County is dependent upon the physical and psychological health of our employees. Accordingly, it is the intent of the Board of County Commissioners to maintain a safe working environment, protect County property and equipment, and facilitate efficient operations.

With these basic objectives in mind, the County has established a Drug Free Workplace Program to include drug and alcohol testing for County Commission employees. There is a **zero tolerance** for drug and alcohol abuse in the workplace. It is County policy that County employees will be subject to immediate termination if they test positive for the presence of illegal drugs and/or alcohol in their system, or if they are found in possession of, using, selling, trading, offering for sale illegal drugs, or engaged in any illegal drug usage (whether on or off the job).

II. DEFINITIONS

"Alcohol Abuse" - blood alcohol level of .04 or higher in the workplace.

"Controlled Substance" - any substance which is not legally obtainable or which can only be legally obtained by prescription from a licensed medical practitioner.

"Detectable Amount" - the cut off levels established by Health and Human Services (HHS) or appropriate State agency for screening and confirmation.

"Illegal Drug" - any drug which: (a) is not legally obtainable; (b) may be legally obtainable but has not been legally obtained; or (c) is being used in a manner or for a purpose other than as prescribed.

"Illegal Drug Usage" - whether on or off the job: (a) having possession of; (b) containing in the employee's body, blood or urine an amount above the threshold levels established by the H.H.S.; (c) using, consuming, transferring, selling or attempting to sell, or transfer any form of illegal drug.

"Job Applicant" - means a person who has applied for a position and has been offered employment, and may have begun work pending results of a drug test.

"Legal Drug" - includes prescribed drugs and over-the-counter drugs which have been legally obtained and are being used solely for the purpose for which they were prescribed or manufactured.

III. TESTING CATEGORIES

The County has adopted screening practices to identify post-offer applicants and employees who use illegal drugs. It shall be a condition of employment for all employees to refrain from reporting to work, or working with the presence of drugs or alcohol in his or her body. It shall also be a condition of employment for all employees to submit to drug screening based on the following:

Pre-Employment

- (1) all post-offer job applicants will undergo screening for the presence of illegal drugs as a condition of employment. Post-offer applicants will be required to submit to a urinalysis test at a laboratory chosen by the County. The employee may begin working pending the result of the drug test.
- (2) any post-offer applicant with a confirmed positive test results will be denied employment at that time.

Reasonable Suspicion

Reasonable suspicion drug testing means drug testing based on a belief that an employee is using or has used drugs in violation of the County's policy drawn from specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience. Among other things, such facts and inferences may be based upon:

- (1) observable phenomena while at work, such as direct observation of drug use or of the physical symptoms or manifestations of being under the influence of a drug.
- (2) abnormal conduct or erratic behavior while at work or a significant deterioration in work performance.
- (3) a report of drug use, provided by a reliable and credible source.
- (4) evidence that an individual has tampered with a drug test during his employment with the County.
- (5) information that an employee has caused, contributed to, or been involved in an accident while at work.
- (6) evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working or while on the County's premises or while operating the County's vehicle, machinery, or equipment.

Post-Accident

- (1) when the County obtains information that an employee has caused, contributed to, or been involved in an accident while at work.

Extended Absence

- (1) upon return from extended absence of six (6) months or greater.

Routine Fitness for Duty

- (1) as part of a routinely scheduled fitness for duty medical exam that is required for all members of an employment classification or group (e.g. during a firefighter's "fitness for duty" physical).

IV. GENERAL TESTING RULES

All testing will be done by a State licensed lab, positive and negative test results will be checked by a Medical Review Officer to assure accuracy. All testing, sample collection, storage, handling and chain of custody will be done in accordance with State rules and regulations.

**** Employees who have caused, contributed to, or been involved in an accident while at work shall be accompanied by his/her first-line supervisor or designee until such time that the test has been administered.**

Failure to submit to a required drug and/or alcohol test is grounds for refusing to hire an applicant and or immediate termination.

Refusal to take a drug or alcohol test may result in the employee forfeiting his or her eligibility for medical and indemnity benefits under the State's Workers Compensation and denial of Unemployment Compensation.

Tampering with a drug test specimen, or a confirmed positive test will disqualify a claimant from unemployment benefits.

If a test is rejected because of tampering or purposeful adulteration, and a second test is requested by the employer, an observed collection will be required.

Florida state law provides for a possible denial of workers' compensation benefits for employees who are injured while working and subsequently test positive. {See W.C. Act 440.102(12)}

An employee reporting for work under the influence is to be considered unable to properly and safely perform required duties and will not be allowed to work. The Supervisor should consult privately with the employee to determine the cause of the impairment, including whether substance abuse may have occurred.

If in the opinion of the supervisor, an employee is unfit for duty, the employee should be taken to a medical facility to be tested. An employee under the influence will not be allowed to drive, but will be driven by the supervisor or a designated employee to the medical facility for testing and then home.

V. TESTING

Initial Test

The initial screen for all drugs except alcohol shall use an immunoassay. For alcohol the initial test shall be the enzyme oxidation methodology. The following cutoff levels shall be used when first screening specimens to find whether they are negative or need to be tested further with the Gas Chromatography/Mass Spectrometry (GC/MS) test. All levels equal to or exceeding the following shall be reported as positive:

Alcohol	0.04	g%
Amphetamines	1000	Ng/ml
Cannabinoids	50	Ng/ml
Cocaine	300	Ng/ml
Phencyclidine	25	Ng/ml
Methaqualone	300	Ng/ml
Opiates	300	Ng/ml
Barbiturates	300	Ng/ml
Benzodiazepines	300	Ng/ml
Synthetic Narcotics		
Methadone	300	Ng/ml
Propoxyphene	300	Ng/ml

Confirmation Test

A positive finding will generate a confirmation test through the GC/MS method and the results will be kept confidential. A copy of any positive test result can be received by the employee by submitting his/her request in writing. As drug testing technology is constantly improving, and state and federal laws governing said testing are changing almost as rapidly, the County may change the cut off levels without notice. The cut-off levels in effect for the GC/MS at the time of this printing are as follows:

Alcohol	0.04	g%
Amphetamines	500	Ng/ml
Cannabinoids	15	Ng/ml
Cocaine	150	Ng/ml
Phencyclidine	25	Ng/ml
Methaqualone	150	Ng/ml
Opiates	300	Ng/ml
Barbiturates	150	Ng/ml
Benzodiazepines	150	Ng/ml
Synthetic Narcotics		
Methadone	150	Ng/ml
Propoxyphene	150	Ng/ml

NOTE: Initial and Confirmation test levels are subject to change by State or Federal statute or regulation.

To review the brand names or common names of the eleven drugs for which an employee may be tested refer to page GCDFWP - ATCHMNT 1 of this policy.

VI. MEDICAL REVIEW OFFICER

The Medical Review Officer shall review with the employee/applicant all positive test results concerning that employee/applicant. An employee/applicant may consult with the M.R.O. before or after being tested in order to report any prescription or non-prescription drug use. When speaking by phone with the M.R.O., the employee/applicant may use the phone in any office or room to ensure privacy.

VII. OUTSIDE ASSISTANCE

Management encourages employees with drug or alcohol abuse problems to voluntarily come forward to the Human Resources Director to request the use of sick leave and/or a leave of absence without pay in order to seek treatment. Confidentiality is assured. No information regarding the nature of the personal problem will be made available to a supervisor, nor will it be included in the permanent personnel file without specific consent of the employee.

The County shall not discharge, discipline, or discriminate against an employee solely upon the employee voluntarily seeking treatment, while under the employ of the County, for a drug related problem if the employee has not previously tested positive for drug use, entered an employee assistance program for drug related problems, or entered a drug rehabilitation program.

Employees will be held financially responsible for any costs associated with participation in counseling programs. The Office of Human Resources has a file of mental health and substance abuse counseling facilities available in this area. For information on County policies regarding "leave without pay", refer to the Gulf County Personnel Policies Manual.

VIII. DOCUMENTATION/CONFIDENTIALITY

All information received regarding an employee's/applicant's drug test results will be maintained in separate confidential files and will be used only for the purposes indicated in this Policy.

The County shall place documentation of a positive drug test result in the employee/applicant's confidential file within five working days of receipt of the positive result.

If drug testing is conducted based on reasonable suspicion, the County shall prepare a written report within seven days of the testing detailing the circumstances which form the basis of the determination that reasonable suspicion existed to warrant the testing. The signed original will be maintained in the employee's confidential file for at least one year. A copy of this document detailing the circumstances which form the basis of the reasonable suspicion will be provided to the employee upon request.

All information, interviews, reports, statements, memoranda, and test results, written or

otherwise, received by Gulf County through its drug and alcohol testing program shall be treated as confidential communications.

Access to positive drug test results shall be restricted to the Office of Human Resources, the Division of Risk Management, the employee, and those authorized in writing by the employee.

IX. GROUNDS FOR TERMINATION

The County's policy is to employ a workforce free from the use of illegal drugs either on or off the job. Any employee determined to be in violation of this policy is subject to immediate termination.

An employee bringing onto County premises or property, having possession of, being under the influence of, testing positive for the presence of drugs and/or alcohol, or using, consuming, transferring, selling, attempting to sell or transfer any form of illegal drug while on County business or at any time whether on duty or not, whether on County business, property or not, is guilty of misconduct and subject to termination.

Employees who are convicted or sentenced for on or off the job illegal drug activity will be considered in violation of this policy and will be subject to termination of employment.

Failure to submit to a required drug and/or alcohol test is grounds for immediate termination.

Failure to notify the responsible Supervisor of the consumption of any prescribed or over-the-counter drug or medication that may affect or impair judgement, job performance, or safety may be grounds for termination.

Employees tested for reasonable suspicion may be suspended without pay pending the results of the required test and/or investigation.

A suspended employee with a negative result will be reinstated with full back-pay.

A confirmed positive test will result in immediate termination of employment.

X. RESPONSIBILITY OF THE EMPLOYEE

As a condition of employment, employees must abide by the terms of this policy and must notify the County in writing of any charge or conviction of a violation of a criminal drug statute no later than five calendar days after such a charge or conviction.

Drugs prescribed by an employee's physician may be taken during work hours. The employee must notify his/her supervisor of the use of **any** drug or medication that may affect or impair his/her judgement, job performance or safety prior to consuming any such drug or medication. Abuse of prescription or over-the-counter drugs will not be tolerated.

An employee or job applicant must notify the laboratory of any administrative or civil action planned as a result of a positive test within five working days from receipt of notification.

XI. RIGHTS OF THE EMPLOYEE/JOB APPLICANT

An employee or job applicant shall be allowed to provide notice to Gulf County of currently or recently used prescription or non-prescription drugs at the time of the taking of the specimen to be tested, and such information shall be placed in writing upon the employer's drug and alcohol testing custody form prior to initial testing. However, this does not preclude the applicant/employee's responsibility of notifying the responsible Supervisor that the medication may affect his/her performance.

The employee or job applicant has the right to consult the Medical Review Officer for technical information regarding the effects of prescription medication on the drug test.

The employee may request, in writing, a written report regarding the circumstances that formed the basis for a reasonable suspicion test.

The employee/applicant has the right to contest the result of a positive drug test, in writing, within five (5) working days of being notified in writing of the positive test result. If the County determines that the employee's/applicant's explanation or challenge of the positive test results is unsatisfactory, within fifteen (15) days of receipt of the explanation or challenge, a written explanation as to why the employee's explanation is unsatisfactory, along with the report of positive results shall be provided by Gulf County to the employee. The employee/applicant has a right to a copy of the test result, upon request, and within 180 days of written notification of a positive test result to have the split sample taken to a different laboratory which is licensed and approved by the Agency for Health Care Administration, to be retested at the employee's/applicant's expense.

XII. SUBCONTRACTOR, VENDOR, CONSULTANT REQUIREMENTS

In all future contracts with individuals or organizations that wish to do business with the Gulf County Board of County Commissioners, a stipulation is to be made in the contract or purchase order that requires the subcontractor, vendor, or consultant to have a substance abuse policy.

XIII. CONCLUSION

This drug-free workplace policy is intended to be one of several steps taken to achieve a safe, healthy, and productive atmosphere for our employees and is available for inspection by job applicants or employees during regular business hours.

**OVER-THE-COUNTER AND PRESCRIPTION DRUGS WHICH COULD
ALTER OR AFFECT THE OUTCOME OF A DRUG TEST**

This sheet is for your information only.

ALCOHOL (liquor, booze, drink)

All liquid medications containing ethyl alcohol (ethanol). Please read the label for alcohol content. For example, Vick's Nyquil is 25% (50 proof) ethyl alcohol; Comtrex, 20% (40 proof); Listerine, 26.9% (54 proof).

AMPHETAMINES (speed, uppers, crank, bam, black beauties, crystal, cocaine)

Obetral, Biphetimine, Desoxyn, Dexedrine, Didrex.

CANNABINOIDS (marijuana, hash, pot, joint, roach, grass, weed, reefer, herb, marijane)

Marinol (Dronabinol, THC).

COCAINE (coke, blow, nose candy, snow, flake, crack, rock, base)

Cocaine HCl topical solution (Roxanne).

PHENCYCLIDINE (Not legal by prescription.)

PCP, angel dust, hog, acid, LSD, MDMA, ecstasy, psilocybin, mushrooms, peyote)

METHAQUALONE

Not legal by prescription.

OPIATES (heroin-junk, dope, china white, smack)

Paregoric, Parepectolin, Donnagel PG, Morphine, Tylenol with Codeine, Empirin with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guiatuss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), M-S Contin and Roxinol (morphine sulfate), Percodan, Vicodin, Demoral, Dilaudid, etc.

BARBITURATES (downers, lude, yellow jackets)

Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fiorecet, Esgic, Butisol, Mebaral, Butabarbital, Phrenilin, Triad, Valium etc.

BENZODIAZEPINES

Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, Centrax.

METHADONE

Dolophine, Methadose.

PROPOXYPHENE

Darvocet, Darvon N, Dolene, etc.

I am currently taking the following prescription and/or nonprescription medications which I feel may be relevant to the drug test :

**ACKNOWLEDGEMENT OF THE GULF COUNTY
DRUG-FREE WORKPLACE PROGRAM POLICIES**

I do hereby certify that I have received my copy of the Gulf County Drug Free Workplace Program Policy and have had the Drug Free Workplace Program explained to me. I understand and agree that it is my responsibility to read, familiarize myself with, and abide by, all policies and procedures contained herein. I understand that if my performance indicates it is necessary, I will submit to a drug/alcohol test. I also understand that a positive drug/alcohol test result or failure to comply with a drug/alcohol testing request will lead to termination of my employment.

Specifically, I understand and agree to undergo substance screening of my breath and/or urine if (1) there is reason to believe I am, or was impaired; or (2) a job-related accident occurs that I cause, contributed to, or was involved in. I understand that should a substance screening test result be positive, I shall be subject to immediate termination or denial of employment.

I hereby authorize any physician, laboratory, hospital or medical professional retained by Gulf County for the DFWP Program purposes to both conduct such screening and provide the results to the Gulf County Office of Human Resources.

Name: _____

Witness: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

**DRUG/ALCOHOL-TESTING
CONSENT AND RELEASE FOR THE
DRUG-FREE WORKPLACE PROGRAM**

I hereby consent to submit to urinalysis and/or other tests that shall be determined by the County as a condition for employment and as a condition of continued employment. I understand that I will be required to undergo a drug/alcohol test for any of the following reasons:

- pre-employment
- post accident
- reasonable suspicion
- routine fitness for duty

I agree that a State certified lab may collect necessary specimens for drug/alcohol tests and may use them or forward them to a testing laboratory designated by the County for analysis.

I further agree to have these results reviewed by a Medical Review Officer.

I hereby release to the County the results of the test(s) to which I have consented. I further authorize the County to discuss the results with medical/personnel collecting the Specimen, the testing facility, its directors, officers, agents, and employees responsible for administering the aforementioned test(s) or evaluating the results thereof and any of them herein and to use the test results as a defense to any legal action to which I am party.

I further release any testing facility or any physicians who have tested me from any liability arising from a release of any and all results, written reports, medical records, and data concerning my test(s) to the appropriate County officials or government agencies.

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

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

Printed name _____

Signature _____

Date _____

Witness printed name _____

Witness signature _____

**AUTHORIZATION FOR USE OR DISCLOSURE
OF MEDICAL INFORMATION**

EXPLANATION:

This authorization defines the allowed use or disclosure of medical information.

AUTHORIZATION:

I hereby authorize the Medical Review Officer, any counselor or treatment facility I may be referred to and the testing laboratories to furnish the Gulf County Office of Human Resources with results of all drug/alcohol tests performed on me. I further authorize any doctor that has written a prescription which I may be using to disclose the purpose of the prescription, the conditions under which it is to be taken, and any other pertinent information to the Medical Review Officer to assist in the determination of my fitness for duty.

USES:

The County may use the medical information only for the following purpose: To determine my ability to do my job or my qualifications for employment or continued employment and to defend the County in any legal proceedings in which my employment or actions are at issue.

DURATION:

This authorization shall become effective immediately and shall remain in effect throughout the duration of my employment with the County.

RESTRICTIONS:

I understand that the Human Resources Director may not further use or disclose the medical information unless another authorization is given by me or in the case that post accident testing or disclosure is required or permitted by law.

ADDITIONAL COPY:

- (1) I further understand that I have a right to receive a copy of this authorization upon my request.
- (2) I further agree that a reproduced copy of this form shall have the same force and effect as the original.

DRUG SCREEN SPECIMEN VERIFICATION:

I hereby authorize the hospital, clinic, or laboratory, its physicians and technicians, specified by the County, to obtain a sample of my urine or blood for the purpose of controlled substance testing.

SIGNATURE _____

DATE _____

WITNESS _____

DATE _____

**WORKERS' COMPENSATION EDUCATION
ACKNOWLEDGEMENT FORM
(FLORIDA)**

Gulf County Commission

This form acknowledges the required training and education on Drugs and Workers' Compensation in the State of Florida.

Our county is a Drug-free Workplace for the benefit of all employees, customers and the business entity. State law provides for the possible denial of workers' compensation benefits for employees' who are injured while working and subsequently test positive. Florida rule: (Rule 38.F 9.001(a))(Section 440.102 F.S.). The use of illegal drugs will not be tolerated or subsidized.

The following drugs are tested for under our county policy:

- | | |
|-------------------------|--------------|
| Amphetamines | Barbiturates |
| Benzodiazepines | Cannabinoid |
| Cocaine | Opiates |
| Phencylidine | Methaqualone |
| Methadone Screen, Urine | Propoxyphene |

There are multiple sub-families of individual drugs under the H.H.S. requirements. These are known by many names. As adults we all know it is ill-advised for anyone to take pills or medication that have not been prescribed by a physician. Improper use of prescription medication can place you in a position of forfeiting your job, workers' compensation benefits and unemployment benefits as well.

Do not misuse prescribed, non-prescribed or over-the-counter medication; do not use illegal drugs or misuse alcohol. The county has a written policy on drug abuse. It is posted and available to you to read, understand and follow. It is your responsibility to know the provisions of this policy.

SUMMARY STATEMENT:

The State workers' compensation laws and administrative rules are published and are available in public libraries. Employees can write to the State Department of Labor & Employment Security, Division of Workers' Compensation for detailed information.

Employee _____ Department _____

Date _____

REFUSAL OF TREATMENT/TESTING FORM

I, _____, refuse
print name

treatment for my injury drug testing
 alcohol testing.

signature

date

_____ refused to sign the Refusal of Treatment/Testing Form.
print name

witness signature

date

witness signature

date

NOTICE OF PRE-EMPLOYMENT TEST RESULTS: POSITIVE

TO:

The results of the test you took on _____ have been determined to be
date

POSITIVE. The test results were confirmed POSITIVE in accordance with H.H.S. standards.

Our Medical Review Officer has conferred with you. Nonetheless, you have five (5) working days to contest the test results to the Office of Human Resources.

In accordance with County policy you are hereby disqualified from employment. You may appeal this decision or challenge it legally or administratively, at your expense.

Also, in accordance with the administrative provisions of the Workers' Compensation Act, you may have the sample in question retested at your own expense at another qualified laboratory.

_Chief Administrator's signature

Date

TERMINATION LETTER

Date

Name

Address

Dear:

Pursuant to the Gulf County Drug-Free Workplace policy, it has been determined that a specimen that you provided has been tested and confirmed as "POSITIVE". As a consequence of the positive drug test results, you are being terminated from employment, effective immediately.

Enclosed is a copy of the Consent and Release form that you originally signed which explained your rights, duties and obligations under the County's drug-free workplace program. You have the right to contest the result of the test within five (5) working days after you receive this letter notifying you of the test results. Your challenge must be in writing to the Board of County Commissioners and should state why the test results do not constitute a violation of this County's drug-free workplace program.

If you intend to contest the results of this drug test, you must notify the testing laboratory of any administrative or civil action anticipated or intended, and advise the laboratory of the need to retain any sample taken. The name, address and telephone number of the testing laboratory/MRO is:

**LAB: Quest Diagnostics
800-877-7484**

**MRO: Hani J Khella, MD
Industrial Med Testing
1451 Tallevast Road
Sarasota, FL 34243
888-808-4676**

You have the right to consult this testing laboratory for technical information regarding prescription and non-prescription medications or other relevant information. You have a right to the copy of the drug test results, upon request, and any portion of any sample or specimen taken from you to be retested, at your expense, at a laboratory of your choice. The retesting must be done at a State licensed or H.H.S. approved laboratory.

This testing must be performed within 180 days after receipt of this letter. The second laboratory test must test at equal or greater sensitivity for the drug in question as the first laboratory. The first laboratory which performed the test shall be responsible for the transfer of the portion of the specimen to be retested, and for the integrity of the chain of custody during such transfer. If you intend to have the specimen sample retested, please advise the laboratory identified above so that the sample can be forwarded to the laboratory of your choice.

Gulf County has fifteen (15) days to respond to your explanation of why your positive drug test is not in violation of the drug-free workplace program. If your explanation is not accepted, you have the right to administratively challenge this position by filing a claim with a Judge of Compensation claims within thirty (30) days after the receipt of the employer's response to your explanation. If you intend to challenge the drug test, it is your responsibility to inform the laboratory identified above to ensure that the specimen sample is retained.

Sincerely,
GULF COUNTY BOARD OF COUNTY COMMISSIONERS

Donald H. Butler
Chief Administrator

Attachment

cc: Employee file

MEMORANDUM

DATE:

RE: Implementation of the Gulf County Drug-Free Workplace

We are committed to providing a safe work environment and fostering the well-being and health of our employees. Illegal drug use jeopardizes this commitment and may pose serious safety and health risks not only to the user and to those who work with the user, but also to the public we serve.

To address this problem, we have developed a policy that we believe best serves the interest of all employees. Our policy formally and clearly states that the illegal use of drugs and alcohol will not be tolerated.

The Gulf County Board of County Commissioners believes it is important that we all work together to make Gulf County a drug free, safe, and rewarding place of employment. This Drug-Free Workplace Policy is designed to maintain a safe working environment, protect County property and equipment, and facilitate efficient operations.

This policy officially takes effect on August 1, 2006. Drug testing will begin for present employees 60 days from this effective date and will begin immediately for job applicants. During this 60 day period, we encourage existing employees with drug or alcohol abuse problems to independently seek assistance from a substance abuse professional or to voluntarily come forward to the Human Resources Director and request the use of sick leave and/or a leave of absence without pay in order to seek treatment. Confidentiality is assured. No information regarding the nature of the personal problem will be made available to a supervisor, nor will it be included in the permanent personnel file without specific consent of the employee.

Donald H. Butler
Chief Administrator

INSUFFICIENT URINE SPECIMEN RULES

The Department of Transportation has established the following "shy bladder" procedures, for situations in which employees cannot provide a sufficient urine sample.

For employees who are unable to provide the 45 ml sample of urine, under the rule [Sec. 40.25 (f)(10)(iv)], the collection site person will instruct the employee to drink up to but not more than 40 ounces of fluid and, after a period of up to three hours again attempt to provide a complete sample of 45 ml. The fluids will be administered at reasonable intervals throughout the three-hour period.

If the employee cannot provide a complete sample after the three hour period, the Medical Review Officer (MRO) will refer the employee for a medical evaluation to develop pertinent information concerning whether the employee's inability to provide a specimen is genuine or constitutes a refusal to test. The medical evaluation will be conducted by a physician selected by Gulf County. NOTE: The referral for a medical evaluation is not mandated in the case of pre-employment testing where the employer does not want to hire the individual.

An employee's refusal to drink the water needed to produce a sufficient specimen, and an employee's refusal to report for a medical evaluation or refusal to comply with the physician's directions in the course of the evaluation is considered to be a failure to cooperate with the testing process, thereby hindering its completion. In all instances of an employee's refusal to cooperate, it is considered to be a refusal to be tested which is interpreted as a positive test. A refusal to submit to a drug test or a drug test resulting in a positive are grounds for immediate termination.

In order to provide an adequate medical explanation, the evaluating physician must determine that there is a physiological cause (e.g. urinary system dysfunction) for the employee's inability to provide an adequate specimen. Assertions of "situational anxiety" or dehydration will not constitute an adequate medical explanation. Without an adequate medical explanation as to why the employee cannot provide a 45 ml specimen, it is considered to be a refusal to be tested which is interpreted as a positive test with the same consequences.

ALCOHOL AND SUBSTANCE ABUSE TREATMENT RESOURCES

There are a variety of organizations located within the community, which can help with drug or alcohol problems. The best place to start is the yellow pages in the local telephone directory under "Alcoholism Treatment" or "Drug Abuse and Addition Treatment". The following is a listing (comprised from the local telephone directory) of clinics, hospitals, and other support groups which can provide help.

DRUG & ALCOHOLISM TREATMENT CENTERS

Chemical Addictions Recovery Effort, Inc.
4000 E. 3rd Street
Springfield, FL
(850) 872-7676

Bradford Health Services
700 West 23rd Street
Building D – Suite 29
Panama City, FL
(850) 522-5932

Life Management Center of NW Florida
525 E 15th Street
Panama City, FL
(850) 769-9481

Other support groups and services which can help the troubled worker include local hospitals with outpatient treatment facilities, clergy, or church groups.

The following national organizations offer confidential assistance and may be able to help in locating resources.

Alcoholics Anonymous World Services
P.O. Box 459 Grand Central Station
New York, New York 10163

Narcotics Anonymous World Services
P.O. Box 9999
Van Nuys, California 91409
(818) 773-9999

This is the U.S. Government's central clearinghouse of pamphlets, audiovisual materials and resources on drug and alcohol abuse.

National Clearinghouse for Drug and Alcohol information (NCADI)
Box 2345 Rockville, Maryland 20852
(801) 468-2600