

City of Mechanicsville Drug and Alcohol Policy

City of Mechanicsville has a vital interest in the safety and well being of our employees as well as the general public. It is well recognized that individuals who use illegal drugs or abuse alcohol are more likely to have workplace accidents, incur greater amounts of lost time, and perform their jobs in a substandard manner.

Therefore, it is City of Mechanicsville's intent to continue to promote a safe and secure work environment, free of illegal drug use and alcohol abuse. It is also our intent to comply with all U.S. Department of Transportation rules and regulations (49 CFR Part 40), the Drug Free Workplace Act of 1988, the Americans with Disabilities Act and the Family and Medical Leave Act.

All applicants will be notified of City of Mechanicsville drug and alcohol use and testing policy at the time they apply for a position with City of Mechanicsville . Anyone possessing a valid CDL will comply with the following rules and regulations. Any questions or concerns regarding City of Mechanicsville Drug and Alcohol Policy shall be directed to the Designated Employee Representative (DER) Linda Coppess @ 563-432-7756.

The goal of City of Mechanicsville policy and the testing of employees is to insure a drug and alcohol free work environment, and to reduce and help eliminate drug and alcohol related accidents, injuries, fatalities and property damage.

The following conduct is prohibited

- Employees are prohibited from using, being under the influence, or possessing illegal drugs.
- Employees are prohibited from using or being under the influence of legal drugs that can adversely affect their ability to work safely.
- Employees are prohibited from buying, selling, soliciting to buy or sell, transport or possess illegal drugs while on or in City of Mechanicsville time or property.
- Employees are prohibited from using alcohol within 8 hours of performing a safety sensitive function (D.O.T. requires a minimum of 4 hours).
- Employees are prohibited from using or being under the influence of alcohol at any time while on duty, 8 hours post accident, or until tested post accident.

- Employees are prohibited from possessing ANY amount of alcohol (including medications or over-the-counter remedies containing alcohol) while on duty. This is a new DOT regulation.
- Testing positive for drugs and/or alcohol while on duty.
- Refusing to be tested for drugs and/or alcohol when circumstances warrant.
- Reporting for duty or remaining on duty to perform a safety-sensitive function with and alcohol concentration of 0.04 or greater.

An employee who violates this policy will be subject to disciplinary action by City of Mechanicsville which may include termination, as mandated by D.O.T. In addition, any driver who is convicted by the judicial system of a felony for a drug or alcohol related matter is subject to immediate termination.

Confidentiality

Employee test results are confidential. Test results and other confidential information will only be released to the employer and the substance abuse professional. Any other release of this information is only with the employee's consent as mandated by the D.O.T. 49 CFR §40.321.

Drug & Alcohol Testing: Training and Awareness Driver Handout

Introduction

This handout provides a general overview of the Department of Transportation regulations on drug and alcohol use. A review of the effects of alcohol and certain drugs on the body is also included. Throughout this handout “substance abuse” will be used in place of the terms “alcohol abuse” or “drug abuse” in reference to both substances. Chemical dependency comprises all chemicals, whether they are controlled substances or alcohol.

Abbreviations and Terms You Should Know

Abbreviations

BAT	Breath Alcohol Technician
CDL	Commercial Driver’s License
CMV	Commercial Motor Vehicle
DER	Designated Employer Representative
DHHS	Department of Health and Human Services
DOT	Department of Transportation
EAP	Employee Assistance Program
EBT	Evidential Breath Testing Device
MRO	Medical Review Officer
STT	Screening Test Technician

Definitions

Actual Knowledge

Knowledge by the employer that a driver has used alcohol or controlled substances based on the employer’s direct observation of the driver, information provided by the driver’s previous employer(s), a traffic citation for driving a commercial motor vehicle (CMV) while under the influence of alcohol or a controlled substance, or a driver’s admission of alcohol or a controlled substance use per §382.121.

Alcohol

Intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl and isopropyl alcohol.

Alcohol Concentration (or Content)

Alcohol in a volume of breath (shown as grams of alcohol per 210 liters of breath) as indicated by an evidential breath test.

Alcohol Screening Device (ASD) breath or saliva device, other than an evidential breath testing device (EBT), that is approved by the National Highway Traffic Safety administration (NHTSA) and placed on a conforming products list (CPL) for such devices.

Alcohol Use

Consumption of any beverage, mixture, or preparation, including medications containing alcohol.

Breath Alcohol Technician (BAT)

An individual who instructs and assists individuals in the alcohol testing process and operates an evidential breath testing device (EBT).

Confirmation Test

In testing for alcohol: a second test, following a screening test with a result of 0.02 or greater, that provides quantitative data of alcohol concentration. An evidential breath testing device must be used.

In testing for controlled substances, a second procedure to:

- Identify and quantify the presence of a specific drug or metabolite. Further support a validity test result in the case of an adulterated, diluted, or substituted specimen.

In order to ensure reliability and accuracy, this test is separate from and uses a different technique and chemical principle from that of the screening test.

Confirmed Drug Test

A confirmation test result received by a medical review officer (MRO) from a laboratory.

Controlled Substances

In the regulation, the terms “drugs” and “controlled substances” are interchangeable and have the same meaning.

Unless otherwise provided, these terms refer to:

- Marijuana
- Cocaine
- Opiates
- Phencyclidine (PCP)
- Amphetamines

Designated Employer Representative (DER)

An individual identified by the employer who is:

- Able to receive communications and test results from service agents.
- Authorized to take immediate actions to remove drivers from safety-sensitive duties.
- Able to make required decisions in the testing and evaluation processes.

The individual must be an employee of the company. Service agents cannot serve as Designated Employee Representative (DER).

Driver

Any person who operates a commercial motor vehicle (CMV), including:

- Full time, regularly employed drivers.
- Casual, intermittent or occasional drivers.
- Leased driver, independent, owner-operator contractors who are either directly employed by or under lease to an employer or who operates a commercial motor vehicle (CMV) at the direction of or with the consent of an employer.

Evidential Breath Testing Device (EBT)

A device used for alcohol breath testing that has been approved by the National Highway Traffic Safety Administration.

Medical Review Officer (MRO)

A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving and reviewing laboratory results generated by an employer's drug testing program. The MRO must have knowledge about and clinical experience in substance abuse disorders and appropriate medical training to interpret and evaluate an individual's confirmed positive test result together with his/her medical history and other relevant bio-medical information.

Safety-Sensitive Function

A driver is considered to be performing a safety-sensitive function when he/she begins work-or is required to be in readiness to work-until the time he/she is relieved from work and all responsibilities for performing work. Safety-sensitive functions include six specific items found in §382.107 of the Federal Motor Carrier Safety Regulations.

Screening Test (Initial Test)

In testing for alcohol: a procedure to determine if a driver has a prohibited concentration of alcohol in his/her system. In testing for controlled substances a test to eliminate "negative" urine specimens from further consideration or to identify a specimen that requires additional testing for the presence of drugs.

Screening Test Technician (STT)

A person who instructs and assists employees in the alcohol testing process and operates an alcohol screening device (ASD).

Stand-down

The practice of temporarily removing a driver from the performance of safety-sensitive functions based only on a report from a laboratory to the medical review officer (MRO) of a confirmed positive drug test for a drug or drug metabolite, an adulterated test, or a substituted test, before the MRO has completed verification of the test results.

Substance Abuse

Refers to patterns of use that result in health consequences or impairment in social, psychological, and occupational functioning.

Substance Abuse Professional (SAP)

A licensed physician (medical doctor or doctor of osteopathy), or licensed or certified psychologist, social worker, employee assistance professional, or certified addiction counselor who evaluates employees who have violated a DOT drug and alcohol regulation. The SAP makes recommendations concerning education, treatment, follow-up testing, and aftercare.

Who is Covered by the Drug and Alcohol Regulations?

The Federal Motor Carrier Safety Administration, Department of Transportation Drug and Alcohol regulations apply to every person who operates a commercial motor vehicle (CMV) in interstate or intrastate commerce in the United States, and is subject to the commercial driver's license (CDL) requirements of Part 383 and his/her employer. It also applies to drivers who operate CMVs in the United States and are subject to the Licencia Federal de Conductor (Mexico) or the CDL requirements of the Canadian National Safety Code.

What is a Safety-Sensitive Function?

Safety-sensitive functions for operators of commercial motor vehicles (CMV) are listed under §382.107.

A safety-sensitive function means all time from the time a driver begins work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work. Safety-sensitive functions shall include:

- ❖ All time at an employer or shipper plant, terminal, facility, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer;

- ❖ All time inspecting equipment as required by §392.7 and §392.8 of this subchapter or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
- ❖ All time spent at the driving controls of a commercial motor vehicle in operation;
- ❖ All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth (a berth conforming to the requirements of §393.76 of this subchapter);
- ❖ All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and
- ❖ All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

A driver who refuses to submit to post accident drug testing will be terminated.

What are the Alcohol and Drug Prohibitions?

The DOT refers to the restrictions for the use of both alcohol and controlled substances as prohibitions.

Alcohol prohibitions include:

- Use while performing a safety-sensitive function.
- Use during the 4 hours before performing a safety-sensitive function.
- Reporting for duty or remaining on duty to perform a safety-sensitive function with an alcohol concentration of 0.04 or greater.
- Use during the 8 hours following an accident, or until the driver undergoes a post-accident test.
- Refusal to take a required test.

NOTE: A driver found to have an alcohol concentration of 0.02 or greater but less than 0.04 may not perform, nor be permitted to perform, safety-sensitive functions for at least 24 hours.

Drug prohibitions include:

- Use of any drug, except by a doctor's prescription (and only if the doctor has advised the driver that the drug will NOT adversely affect the driver's ability to safely operate a commercial motor vehicle).
- Testing positive for drugs.
- Refusal to take a required test.

What Tests are Required and When Will I Be Tested?

There are five situations where testing is done to determine the presence of alcohol and/or drugs.

1. Pre Employment - Post Offer Testing

When: A controlled substances test is required before a new hire or a person transferring into a driving position from elsewhere in the company can perform any safety-sensitive function. Education will be provided to all employees regarding the effects of drugs and alcohol, signs and symptoms of a drug or alcohol problem, information regarding assistance for abuse problems and testing requirements. §382.601.

2. Post Accident Alcohol Testing when any of the following conditions are met:

- If there is a fatality.
- If the driver of City of Mechanicsville truck receives a citation under state or local law within 8 hours for a moving violation arising from the accident and if the accident involved:
 - Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident OR
 - One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.
- At the discretion of City of Mechanicsville management following an accident.

Alcohol testing **MUST** be done within 2 hours of the accident. If the test cannot be performed within 2 hours, the employer must prepare a record stating why the test wasn't given. If the test cannot be performed within 8 hours, the employer should not give the test and must prepare a record stating why the test could not be given within that time.

Post Accident Drug Testing when any of the following conditions are met:

- If there is a fatality.

- If the driver of a City of Mechanicsville truck receives a citation under state or local law within 32 hours for a moving violation arising from the accident AND if the accident involved:
 - Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident, OR
 - One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.

Post-accident drug testing must be performed within 32 hours. If the test cannot be performed within 32 hours, the employer should not give the test and must prepare a record stating why the test could not be given within that time.

Nothing in the regulations should delay medical attention for those who are injured. The employer must provide the necessary information and instructions to allow the driver to be tested or to get emergency medical care.

A driver subject to post-accident alcohol testing must remain available for testing. Not remaining available for testing is considered a refusal to test.

The employer must provide drivers with necessary post-accident information, procedures, and instructions BEFORE the driver operates a commercial motor vehicle.

Immediately notify Steve Perrin at (563) 559-0343 or C.J. Cooper & Associates, Inc. at 1-800-241-3926 or 319-377-5373.

3. Random Testing

When: Random testing for alcohol must be completed just before, during, or immediately after performing a safety-sensitive function. Random testing for drugs can be done anytime you are at work for your employer. Once you are notified that you have been selected for testing, you must proceed immediately to the test site.

Unannounced random testing is required for a certain percentage of drivers each year. The tests must be reasonably spaced throughout the year. The random selection process must ensure that each driver has an equal chance of being tested each time selections are made. One method is a computer-generated system using social security number, payroll identification number, or other identifying number. Methods such as pulling names out of a hat are not acceptable.

Testing rates are as follows:

10% of the average number of driver positions must be randomly tested for alcohol during the year.

50% of the average number of driver positions must be randomly tested for controlled substances during the year.

NOTE: DOT will change the testing rates. The testing rates have not been changed since 1998.

C.J. Cooper & Associates does a random pull from a pool of all the valid CDL holders at City of Mechanicsville. This is done once every three months. These tests are unannounced per D.O.T. regulations. §382.305 (k)(1)

Once you are notified that your name is included in the random selection you must report to the collection site IMMEDIATELY.

A driver who refuses to submit or tests positive for drugs and/or alcohol will be immediately discharged.

4. Reasonable Cause

When: If the employer has reason to believe that your behavior or appearance may indicate alcohol or drug use. Observations for alcohol testing must be made just before, during or just after the performance of a safety-sensitive function. Observations for drug testing will be made at any time while you are at work for your employer.

A driver will be required to submit to a drug and/or alcohol test when reasonable suspicion exists. §382.307 Reasonable suspicion exists when a driver's appearance, speech, or odors of breath and/or body, or physical symptoms indicate drug and/or alcohol use. Observations must be personally observed and documented by at least one City of Mechanicsville trained official. A "trained official" is one who has undergone at least 2 hours of education, which included behavioral, physical, speech, and performance indicators of possible drug and/or alcohol use.

IMPORTANT POINTS TO REMEMBER ...

- The supervisor who makes the observation and determines that reasonable suspicion testing should be done will not be the one who conducts the alcohol test on the driver.
- If the alcohol test cannot be given within 2 hours of the observation, the employer must prepare a record stating why the test could not be given.

- If the alcohol test cannot be given within 8 hours of the observation, the employer should not give the test and must prepare a record stating why the test could not be given.
- Even if reasonable suspicion is observed but a test could not be done, you cannot perform safety-sensitive functions until:
 - ✓ A test is done and your alcohol concentration is determined to be less than 0.02
 - OR
 - ✓ 24 hours have passed from the time of the initial observation.
- Your employer may not take action against you regarding alcohol misuse unless an alcohol test was administered within the required timetable.
- The chronic and withdrawal effects of drugs, as well as the conditions listed above, are used to determine reasonable suspicion for drug testing.
- Documentation of the driver's conduct must be prepared and signed by the supervisor who made the observations within 24 hours of the observed behavior, or before the results of the alcohol or drug test are released, whichever is first.
- Whenever a driver is notified of reasonable cause to be tested, they will be expected to immediately report to the test site. A City of Mechanicsville representative will accompany the driver to the testing site.
- The individual will then be transported home by, a company representative, friend, or family member.
- The individual will be on suspension until the results come back.
- If a driver refuses to submit to reasonable cause testing, the company can terminate the employment.

5. Return-to-Duty and Follow-up Tests

When: Return-to-duty testing is required for drivers who tested positive for drugs, failed an alcohol test, or refused to take a drug or alcohol test. In order to return to performing safety-sensitive functions an alcohol concentration of less than 0.02 and/or a negative drug test is required. There are also referral, evaluation and treatment requirements that must be met.

When: Follow-up testing is required for drivers who tested positive for drugs, failed an alcohol test, or refused to take a drug or alcohol test. The regulations call for a minimum of six (6) follow-up tests during the first year back in a safety-sensitive

position, in addition to the random tests. However, follow-up testing can continue for up to five (5) years.

Only the Substance Abuse Professional can set the number, frequency and length of time that follow-up testing is required.

Should City of Mechanicsville choose to retain the driver, all Return-To-Duty and Follow-up testing will be at the employee's expense.

What Happens if I Refuse to Be Tested?

As part of the alcohol and drug regulations, you must submit to alcohol and drug testing. A refusal to test is treated the same as a positive test. If you refuse to be tested, you cannot continue to perform safety-sensitive functions and are subject to disciplinary action, up to and including discharge.

"Refusal" occurs when:

- You fail to appear for any test within a reasonable time
- You fail to remain at the testing site until the testing process is complete
- You fail to provide:
 - A urine specimen for drug testing, or
 - A saliva or breath specimen for alcohol testing
- You fail to provide enough urine and there is no medical explanation for the failure
- In the case of a directly observed or monitored drug test collection, you fail to permit the observation or monitoring of your provision of the specimen;
- You fail or decline taking a second drug test when directed by an employer or collector.
- You fail to undergo a medical examination or evaluation as part of:
 - The verification process for drug testing or as directed by the designated employer representative (DER);
 - "shy bladder" procedures for drug testing, or
 - insufficient breath procedures for alcohol testing.
- You fail to cooperate with any part of the testing process.

A verified adulterated or substituted drug test is also considered a refusal to test.

How is Alcohol Testing Done?

All alcohol testing is conducted by a trained technician in a private setting where no one but you and the technician can see or hear the test results. A breath or saliva-testing device approved by the National Highway Traffic Safety Administration must be used.

The technician will ask for photo identification (driver's license, employer issued identification). You will ask for the technician's identification as well.

The technician will complete the first part of the alcohol testing form, which includes your name, your company's name, and the reason for the test. You will be asked to complete the second part of the form stating that you understand that you are about to be tested and that all information given is correct. Refusal to sign the form is considered a refusal to take the test. Refusal to take the test is treated the same way as failing a test.

A screening test is done first. If an evidential breath-testing device (EBT) is used, an individually sealed mouthpiece will be opened in front of you and attached to the EBT. You must blow forcefully into the mouthpiece of the testing device for at least 6 seconds or until you have provided an adequate amount of breath for testing.

The technician must show you the reading on the device and enter the result on the testing form or (if the device prints the results) affix the printed results to the form with tamper-evident tape.

If a saliva-testing device is used, the technician must check the expiration date on the device and show it to you. A device may not be used after its expiration date.

The technician must open the individually sealed package containing the device in front of you.

You or the technician will insert the swab into your mouth and allow it to be saturated with saliva. After the saliva is collected, the swab will be inserted into the testing device.

The result on the device must be read within 15 minutes of the test, but no sooner than specified by the manufacturer of the device.

The technician must show you the reading on the device and enter the result on the testing form.

If the reading on the EBT or saliva testing device is 0.02 or greater, a confirmation test must be done using an approved EBT. The test must be done after 15 minutes but within 30 minutes of the first test. You will be asked not to eat, drink, belch, or put anything in your mouth. These steps prevent the build-up of mouth alcohol, which could lead to an artificially high result. A new mouthpiece must be used for the confirmation test and the calibration of the EBT must be checked. Again, all of this must be done in front of you.

If the screening and confirmation test results are not the same, the confirmation test result is used.

The results of the confirmation test are forwarded to the employer. However, these records (positive, negative, and refusal) are required to be released to any potential employers (with your consent) if you seek employment as a driver with another company.

Remember that if you refuse to be tested or refuse to sign the testing form, the technician will immediately notify your employer. Again, a refusal is treated the same way as failing an alcohol test.

How is Drug Testing Done?

All drug testing is done by analyzing a urine sample and is conducted by a trained collection site person in an appropriate, private setting. The urine sample will be collected at your place of employment or at a certified collection site.. In either case, the collection must be conducted by an individual trained in compliance with Part 40 of the regulations and in a location that is clean and equipped with all the necessary materials to collect and secure the urine samples(s).

It is a good idea for you to understand the correct procedure for collecting specimens for testing. Too often, drivers realize that all or part of their drug testing was not conducted according to the regulations, but it's well after the test results have been released. If you have concerns about the way your drug test is being handled, consult the Safety Department immediately and refer to the Drug Testing section of the Federal Motor Carrier Safety Regulations (FMCSR).

Regulated Documentation

The collection site, the laboratory and your carrier are required to follow the regulations for what's known as a chain of custody regarding your sample. This is the documentation that assures that the sample collected and tested is indeed the same one, and that steps have been taken to maintain the integrity of the test results. It tracks the specimen from the moment it is collected and stored up to the point that it is tested at the laboratory and the results are known.

A federal drug testing custody and control form must be used and filled out appropriately. Unless it can't possibly be avoided, the person who collects your sample should not be your direct supervisor.

Specimen Collection

You should be positively identified by the collection site person using some type of photo identification or be positively identified by a representative of your employer. You may request to see the collection site person's identification as well. If the collection is directly observed or monitored, that individual must be of the same gender as yourself.

You will be instructed to remove all unnecessary outer garments (coats, jackets, hats) and leave these garments along with any briefcase, purse, or other bag you will be carrying in a mutually agreeable location. You will keep your wallet. You will also be instructed to empty your pockets and display the items in them to ensure you are not carrying anything that could be used to tamper with a specimen. You will then be asked to wash and dry your hands prior to urination, immediately before providing a urine specimen.

Urine specimens must be collected in clean, single-use specimen bottles, which are to remain in their protective, sealed wrapper until they can be unwrapped in front of you. This ensures that the specimen is not tainted or contaminated.

You will then be instructed to go into the room used for urination and provide a specimen of at least 45mL.

The temperature of the urine specimen must be taken within four minutes of collection and fall within the acceptable temperature range for testing (90-100 degrees F/32-38 degrees C).

If the collection site person suspects the urine sample has been contaminated or tampered with, any unusual signs must be recorded on the collection site form and you will be asked to provide a second sample. The first sample will still be tested as usual, but the second sample must be collected under direct observation of a same-gender collection site person.

The specimen is then divided into two containers by the collection site person and within your presence. This provides two samples for testing, should you dispute the results of the first test. These two samples, called primary and split, are sent to a testing laboratory certified by the Department of Health and Human Services and must be tracked using the custody and control form.

Both you and the collection site person must keep the specimen in view at all times prior to the specimen container being sealed and labeled in your presence. The collection site person must place an identification label securely on the bottle containing the date, the individual specimen number, and any other identifying information required by your employer. (If separate from the label, a tamperproof seal must also be applied and initialed by you and the collection site person.)

You must then initial the identification label on the specimen bottle to certify that the specimen collected was yours.

Regardless of where the sample is collected, the steps must be taken to ensure that no other persons are present or will gain access to the area or specimens, which could lead to a false positive result. This includes the process for shipping the sample(s) to the certified testing lab, which must follow 49 CFR Part 40.73 of the regulations.

Laboratory Analysis

At the laboratory, an initial test is performed on the primary sample. If this test is positive for the presence of controlled substances, a confirmation test will be conducted.

Reporting the Results

All test results must be reported to the medical review officer (MRO) in a timely manner, preferably the same day that the review of the specimen by the certifying scientist is completed. The laboratory and MRO must ensure that results are transmitted in a confidential and secure manner.

Stand-down Provision

An employer may not remove a driver from safety-sensitive functions (stand down) when the MRO receives a laboratory report of a confirmed positive, adulterated, or substituted drug test before the test result has been verified by the MRO.

An employer may apply for and receive a waiver from this prohibition by completing an application for a waiver with the Federal Motor Carrier Safety Administration. Consult your company policy and/or supervisor for details.

A review of the results must be done by an MRO, who is required to explore any possible medical explanations for a positive result or a result that indicates a specimen has been adulterated or substituted. At this time, the MRO must contact you about the test result and give you the opportunity to discuss the test result before making a final determination.

A positive test result or a result that indicates a specimen has been adulterated or substituted does not automatically mean you have used drugs and are in violation of DOT regulations. In order to find other possible reasons, the MRO will interview you, review your medical history, and/or review any other biomedical factors. The MRO must look at all medical records and data you give him/her, such as information on any prescribed medications you are using.

After being notified of a positive test result or a result that indicates a specimen has been adulterated or substituted for the initial test, you have 72 hours to request to the MRO for the split specimen to be sent to another laboratory. If you make this request, the split specimen must be tested at a different Department of Health and Human Services certified laboratory.

If you do not contact the MRO within 72 hours but can provide a legitimate reason for not doing so, the MRO will order the split specimen test at his/her discretion.

Please note that removal from safety-sensitive duties as required by the regulations following a positive drug test is NOT delayed to await the result of the split specimen test.

If the analysis of the split sample fails to confirm the presence of a drug, or reconfirm that the specimen was adulterated or substituted, the MRO will cancel the test and report this to you and your employer.

The results of all tests must be forwarded to your employer in written form within three working days of completion of the MRO review. All records must be kept confidential. However, these records are required to be released to any potential employers (with your consent) if you seek employment as a driver with another carrier.

What are the Consequences of Violating the Alcohol or Drug Prohibitions?

If you fail an alcohol test:

- You must be removed from all safety-sensitive functions.
- You will not return to a safety-sensitive function until an evaluation by a substance abuse professional (SAP) has been done, you have complied with prescribed treatment, and you pass a return-to-duty test. You are then subject to six follow-up tests in the first 12 months after your return to duty and will be subject to follow-up testing for up to five years.
- You will not return to safety-sensitive duties for at least 24 hours if alcohol concentration is determined to be 0.02 or greater but less than 0.04.

If you test positive for drug(s), or have a verified adulterated or substituted test result:

- You must be removed from all safety-sensitive functions.
- You will not return to a safety sensitive function until an evaluation by a substance abuse professional (SAP) has been done, you have complied with prescribed treatment, and you pass a return-to-duty test. You are then subject to six follow-up tests in the first 12 months after your return to duty and will be subject to follow-up testing for up to five years.

NOTE : A confirmed positive test results will be mailed to the terminated employee by the employer, by certified mail, return receipt requested.

The drug and alcohol regulations require that your employer advise you of the resources available for appropriate treatment for alcohol and drug use. However,

the regulations do not require an employer to pay for rehabilitation or to hold a job open for you while you undergo treatment.

If you violate an alcohol or drug prohibition, you will be evaluated by a substance abuse professional (SAP) to determine what specific help is needed. This helps ensure that people with alcohol and drug problems get referred to the appropriate agencies for assistance.

Exception

As required by Iowa Code, upon receipt of a confirmed positive alcohol test which indicates an alcohol concentration greater than the concentration level established by the employer, and if the employer has at least fifty employees, and if the employee has been employed by the employer for at least twelve of the past eighteen months, and if the employee has not previously violated the employer's substance abuse prevention policy, the employer shall provide for rehabilitation of the employee:

- If the employer has an employee benefit plan, the cost of rehabilitation shall be apportioned as provided under the employee benefit plan.
- If no employee benefit plan exists and the employee has coverage for any portion of the cost of rehabilitation under any health care plan of the employee, the cost shall be apportioned as provided by the health care plan with any costs not covered by the plan apportioned equally between the employee and the employer. However the employer shall not be required to pay more than two thousand dollars toward the cost not covered.

If the employee does not have coverage for any portion of the cost of rehabilitation, the cost shall be apportioned equally between employee and employer. However the employer shall not be required to pay more than two thousand dollars toward the cost of rehabilitation.

Before you can return to safety-sensitive functions, you must:

- Have an alcohol test of less than 0.02 and/or a verified negative drug test (depending on the violation).
- Have complied with prescribed treatment.
- You must then complete a minimum of six (6) follow-up tests within the first year back to work. (Follow-up testing can be done for up to five (5) years after returning to safety-sensitive functions.)

Self-admission of Alcohol and Drug Use

The regulations include a provision that allow an employer to establish a program that lets a driver voluntarily admit to drug use or alcohol abuse without DOT consequences.

What are the effects of Alcohol and Drugs on the Body?

ALCOHOL

A central nervous system depressant found in beer, wine, hard liquor and in some over-the-counter medications (for example: some allergy and cold medications).

Alcohol is widely abused primarily due to its social acceptance and availability. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. "Abuse" occurs when it is used primarily for its physical and mood-altering effects. About half of all auto accident fatalities in the United States are related to alcohol abuse.

Signs and Symptoms of Use:

- Dulled mental processes
- Lack of coordination
- Odor of alcohol on breath
- Pupils will be constricted
- Sleepy or stuporous condition
- Slowed reactions
- Slurred speech

Note: With the exception of the odor of alcohol, these are general signs and symptoms of any depressant substance.

Other Effects:

- Greatly impaired driving ability
- Reduced coordination and reflex actions
- Impaired vision and judgment
- Inability to divide attention
- Lowering of inhibitions
- Headaches, nausea, dehydration, unclear thinking, unsettled digestion and aching muscles are associated with overindulgence (hangover).

How does it work on the body?

Alcohol first acts on the parts of the brain that affect self-control and other learned behaviors. Diminishing self-control often leads to aggressive behavior. In large doses, alcohol dulls sensations and impairs muscular coordination, memory, and judgment. Taken in large quantities over a long period of time, alcohol can damage the liver and heart, and will cause permanent brain damage. On average, heavy drinkers shorten their life span by about 10 years.

After ingestion, alcohol is absorbed through the stomach and intestine into the bloodstream. Here it passes through the liver where it is metabolized in several steps. Metabolism helps prevent alcohol from accumulating in the body and destroying cells and organs. The liver can't metabolize alcohol as quickly as the body can absorb it. This is the point of intoxication. Any concentration of alcohol that remains unmetabolized can be detected and measured during a blood alcohol concentration test.

Many factors contribute to levels of alcohol absorption, rates of metabolism, and intoxication. Among them are: body size and weight, food ingested, gender, physical condition, and other drugs or medications in the body. Impairment begins with one drink.

Health Effects:

Over time, chronic* consumption of alcohol will result in the following health hazards.

- **Liver damage**
- **Inflammation of the esophagus**
- **Aggravation of peptic ulcers**
- **Acute and chronic pancreatitis**
- **Malabsorption of food nutrients that will lead to malnutrition**
- **Heart attack**
- **Hypertension**
- **Stroke**
- **Immune system depression (makes body more susceptible to infections)**
- **Cancers of the liver, esophagus, nasopharynx or larynx**
- **Brain damage (dementia, blackouts, seizures, hallucinations, peripheral neuropathy).**

*Chronic consumption of alcohol = Average of three servings per day of 12 ounces, one ounce of whiskey or six ounces of wine.

How alcohol impairs functions needed for driving:

The subtlety and complexity of the skills required to operate a motor vehicle safely make people susceptible to impairment from even low doses of alcohol. The evidence linking alcohol and transportation accidents is supported by experimental studies conducted by the National Institute on Alcohol Abuse and Alcoholism, relating the effect of alcohol on specific driving related skills. Impairment is related to alcohol in terms of its concentration in the bloodstream. For example, a blood alcohol concentration (BAC) of 0.04 percent might be achieved by a 150-pound man consuming two drinks in one hour.

In driving, the eyes must focus briefly on important objects in the visual field and track them as they move (along with the vehicle). Low to moderate BACs (0.03 to 0.05 percent) interferes with voluntary eye movements, impairing the eye's ability to rapidly track a moving target.

Steering is a complex psychomotor task. A delay in the body's eye-to-hand reaction time is compounded by the visual effects described above, causing significant impairment in steering ability at about 0.035 percent BAC.

Alcohol impairs nearly every aspect of the brain's information processing. Alcohol impaired drivers require more time to read street signs or respond to traffic signals than unimpaired drivers. As a result, impaired drivers tend to look at fewer sources of information. A narrowing of the field of attention begins at about 0.04 percent BAC.

Drivers must divide their attention among many skills in order to keep a vehicle in the proper lane while monitoring the environment for vital safety information, such as other vehicles, traffic signals and pedestrians. Results of numerous studies show that a deficit in the ability to divide attention will occur at 0.02 percent BAC.

Facts:

- ❖ About two in every five Americans will be involved in an alcohol-related vehicle accident in their lifetime.
- ❖ The risk of a traffic fatality per mile driven is at least eight times higher for a drunk driver than a sober one.
- ❖ A 12-ounce can of beer, a 5-ounce glass of wine and a 1-½ ounce shot of hard liquor all contain the same amount of alcohol.
- ❖ Each 1 ½ ounce of alcohol takes the average body about one hour to process and eliminate.
- ❖ Coffee, cold showers, and exercise do not quicken sobriety.

MARIJUANA

Also known as grass, pot, weed, gold, joint, hemp, and reefer. Active chemical – THC.

Marijuana is one of the most misunderstood and underestimated drugs of abuse. It is used for its mildly tranquilizing, mood and perception altering effects. It alters the brain's interpretation of incoming messages but does not depress the reactions of the central nervous system. It alters a person's sense of time and reduces the ability to perform tasks requiring concentration, swift reflexes and coordination. The drug has a significant effect on a user's judgment, caution and sensory/motor abilities.

Signs and Symptoms of Use:

- Reddened eyes
- Slowed speech
- Distinctive, pungent odor on clothing (aroma of alfalfa combined with incense)
- Lackadaisical "I don't care" attitude
- Chronic fatigue and lack of motivation
- Irritating cough
- Chronic sore throat

Other Effects:

- Restlessness
- Inability to concentrate
- Increased pulse rate and blood pressure
- Rapidly changing emotions and erratic behavior
- Impaired memory and attention
- Hallucinations, fantasies and paranoia
- Decrease in/temporary loss of fertility
- Distorted perception of time
- Apathy
- Delayed decision making
- Aggressive urges
- Anxiety
- Confusion
- Hallucination

Health Effects:

Over time, long-term inhalation of marijuana smoke will result in the following health hazards:

- Lung irritations
- Emphysema-like conditions
- Cancer
- Heart conditions
- Respiratory tract and sinus infections caused by the fungus *Aspergillus*, a common contaminant of marijuana
- Lowered immune system response
- Aggravation of ulcers
- Brain damage

Note: Marijuana causes long-term negative effects on mental function—also known as “acute brain syndrome,” characterized by disorders in memory, cognitive function, sleep patterns and physical condition.

How marijuana impairs functions needed for driving:

Marijuana impairs driving ability for at least 4-6 hours after smoking one “joint” (cigarette); it impairs signal detection (ability to detect a brief flash of light); it impairs tracking (ability to follow moving objects with the eyes); it impairs visual distance measurements; and it chemically alters the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to think safely and conscientiously.

Note: THC is stored in body fat and is slowly released over time, causing a long-term effect on overall performance.

Facts:

- ❖ Marijuana remains in the body up to 28 days or longer. This is in contrast to alcohol, which dissipates in a matter of hours.
- ❖ A 500% to 800% increase in THC potency in the past several years makes smoking three to five joints (cigarettes) per week today the equivalent of 15 to 40 joints per week in 1978.
- ❖ Combining marijuana with alcohol or other depressant drugs can produce a multiplied effect, increasing the impairment caused by all substances.

COCAINE

A stimulant drug also known as coke or blow when it is inhaled (snorted) ingested or injected. Free-base cocaine, known as crack or rock, is smoked.

Cocaine is used medically as a local anesthetic. It is abused for its powerful physical and mental stimulant properties. The entire central nervous system is energized by cocaine. Heart rate and blood pressure are elevated. Muscles become more tense and the body burns more energy. The brain experiences exhilaration caused by a large release of neurohormones associated with mood elevation.

Crack or rock cocaine gets its name from the popping sound heard when it is heated. The most dangerous effect of crack is that it can cause vomiting, rapid heartbeat, tremors and convulsive movements. All of this muscle activity increases the demand for oxygen, which can result in a cocaine-induced heart attack. Since the heat-regulating center in the brain is also disrupted, dangerously high body temperatures can occur. With high doses, brain functioning, breathing and heartbeat are depressed—leading to death.

Signs and symptoms of use:

- Fatigue
- Anxiety and agitation
- Runny or irritated nose
- Difficulty in concentration
- Dilated pupils and visual impairment
- High blood pressure, heart palpitations and irregular heart rhythm
- Insomnia
- Profuse sweating and dry mouth

Other effects:

- Impaired driving ability
- Hallucinations
- Talkativeness
- Restless, aggressive behavior
- Wide mood swings
- Increased physical activity
- Heightened, but momentary, feeling of confidence, strength and endurance
- Paranoia (which can trigger mental disorders in users prone to mental instability)
- Repeated sniffing/snorting causes irritation of the nostrils and nasal membrane, which will cause nosebleeds
- Compulsive behavior such as teeth grinding or repeated hand washing
- Craving for more cocaine.

Health effects:

- Accelerated pulse, blood pressure and respiration. Will cause spasms of blood vessels in the brain and heart, leading to ruptured vessels that lead to heart attack and stroke.
- Regular use will upset the chemical balance of the brain, which will speed up the aging process by causing irreparable damage to critical nerve cells.
- Mental dependency on crack cocaine occurs within days (within several months when coke is snorted).
- Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose can be rapid, and the potentially fatal effects of an overdose are often not reversible.

How cocaine impairs functions needed for driving:

Cocaine chemically alters the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously.

Facts:

- ❖ The number of cocaine overdose deaths has tripled in the last four years.
- ❖ Treatment success rates are lower for cocaine than for other chemical dependencies.
- ❖ Cocaine causes the strongest mental dependency of any known drug. Strong psychological dependency can occur within one “hit” of crack.
- ❖ Many people think that because crack is smoked, it is safer than other forms of cocaine use. It is not. Crack cocaine is one of the most addictive substances known today. The crack “high” is reached in 4-6 seconds and lasts about 15 minutes.

AMPHETAMINES AND METHAMPHETAMINES

Stimulant drugs. Some common street names for amphetamines are speed, uppers, black beauties, bennies, wake-ups and dexies. Some common street names for methamphetamines are ice, crank, crystal, meth, 64 glass, cristy, go fast, zip, and in smokable form “LA” (as in the city of Los Angeles).

Amphetamines and methamphetamines are drugs that stimulate the central nervous system and promote a feeling of alertness and an increase in speech and general

physical activity. While amphetamines are usually sold in tablet form, methamphetamines are available as powder, and will be swallowed, snorted or injected.

Although they were 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. In action, methamphetamines are nearly identical to amphetamines. It is abused for the physical sense of energy at lower doses and the mental exhilaration of higher doses. Even small, infrequent doses can produce toxic effects in some people.

Signs and symptoms of use:

- Hyper-excitability, restlessness, anxiety
- Dilated pupils
- Profuse sweating
- Rapid respiration
- Difficulty in focusing eyes
- Exaggerated reflexes, body tremors

Other effects:

- Impaired driving ability
- Loss of appetite
- Headaches/dizziness
- Confusion
- Panic
- Talkativeness
- Inability to concentrate
- Short-term insomnia
- Paranoid thoughts
- Hallucinations

Health effects:

- Heartbeat disturbances or heart damage caused by severe constriction of capillary blood vessels
- Increased blood pressure
- Convulsions
- Coma
- Brain damage resulting in speech disturbances
- High doses will cause toxic psychosis resembling schizophrenia
- Long-term users often have acne resembling measles, trouble with their teeth, gums and nails, and dry, dull hair

How amphetamines and methamphetamines impair functions needed for driving:

They chemically alter the brain and gross motor functioning of the body, having direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously.

Fact:

- ❖ People with a history of sustained low-dose use quite often become dependant and believe they need to take the drug to “get by.” These users frequently keep taking amphetamines to avoid the “down” mood they experience when the “high” wears off.

OPIATES

Narcotics, including heroin, morphine, codeine and many synthetic drugs used to alleviate pain, depress body functions and reactions. In large doses, opiates cause a strong euphoric feeling. Common street names are: horse, morpho, China, M, brown sugar, Harry and dope.

Sometimes narcotics found in medicines are abused. This includes pain relievers containing opium and cough syrups containing codeine. Heroin is illegal and cannot even be obtained with a physician's prescription. Most medical problems associated with the use of opiates are caused by uncertain dosages, use of unsterile needles, contamination of the drug, or from combining a narcotic with other drugs.

Signs and symptoms of use:

- Mood swings
- Impaired mental function and alertness
- Impaired vision, constricted pupils
- Impaired coordination

Other effects:

- Impaired driving ability
- Drowsiness followed by sleep
- Decreased physical activity
- Sleeplessness and drug craving
- Depression and apathy
- Constipation
- Nausea and vomiting

Health effects:

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

How opiates impair functions needed for driving:

Opiates chemically alter the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously.

Fact:

- ❖ Heroin, also called “junk” or “smack,” accounts for 90% of the narcotic abuse in the United States.

PHENCYCLIDINE (PCP)

PCP acts as both a depressant and a hallucinogen, and sometimes as a stimulant. Also called angel dust, rocket fuel, embalming fluid and killer weed.

PCP was developed as a surgical anesthetic in the late 1950s. Later, due to its unusual side effects in humans, it was restricted to use as veterinary anesthetic and tranquilizer. Today it has no lawful use and is no longer legally manufactured. It is abused largely for its variety of mood-altering effects.

PCP scrambles the brain’s internal stimuli and alters how users see and deal with their environment. Routine activities like driving and walking become very difficult.

A low dose produces sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Increased doses produce an excited, confused state including any of the following: muscle rigidity, loss of concentration and memory, visual disturbances, delirium, feelings of isolation, and convulsions.

Signs and symptoms:

- Impaired driving ability
- Impaired coordination
- Thick, slurred speech
- Severe confusion and agitation
- Muscle rigidity
- Profuse sweating

Other effects:

- Loss of concentration and memory
- Extreme mood shift
- Nystagmus (jerky, involuntary eye movements)
- Rapid heartbeat
- Dizziness
- Convulsions
- Memory loss

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 becomes more potent in combination with other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction.
- How PCP impairs functions needed for driving:
- PCP chemically alters the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously. PCP also causes severe disorientation.

Facts:

- ❖ PCP abuse is less common today than in the past.
- ❖ There are four phases to PCP use: toxicity (which will be accompanied by convulsions, combativeness, catatonia and even coma), toxic psychosis (including visual delusions and paranoia), schizophrenia and depression.