



Drug and Alcohol Awareness

Information for Employees Covered
by Pasco's "Reasonable Suspicion
Drug Testing Program"

Pasco County Schools
Employee Relations

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Introduction

As part of the Board's commitment to safeguard the health of its employees, to provide a safe place for its employees to work and students to attend, and promote a drug-free working environment, the Pasco County School Board has established a Reasonable Suspicion Drug Testing Program relating to the abuse of drugs, including alcohol, by its employees. The Board recognizes that chemical dependency is an illness which is preceded by the misuse and/or abuse of alcohol and other drugs. It is recognized that the problems associated with substance abuse are becoming increasingly commonplace in today's society. Drug and alcohol abuse affects workplace safety, employee productivity, and the quality of work. It is also generally accepted that alcoholism and other chemical dependencies are a form of illness that can be treated successfully if identified as early as possible, and if appropriate treatment programs are promptly instituted.

- Drug use, abuse, or addiction among employees and their family members can cause expensive problems for business and industry, ranging from: lost productivity, absenteeism, injuries, fatalities, theft, and to an increase in health care, legal liabilities and workers' compensation costs.
- Drug abuse can cause problems at work including:
 - After-effects of substance use (withdrawal) affecting job performance
 - Preoccupation with obtaining and using substances while at work, interfering with attention and concentration
 - Illegal activities at work including selling illegal drugs to other employees
 - Psychological or stress-related effects due to drug use by a family member, friend or co-worker that affects another person's job performance
- Estimated costs: Drug abuse costs employers \$81 billion annually
- 70% of the estimated 14.8 million Americans who use illegal drugs are employed.
- Marijuana, the drug most commonly found by testing, accounted for almost half of all positive tests. Other commonly found drugs included amphetamines, oxycodone, and benzodiazepines such as Xanax.

Over 85% of United States employers (public and private sector) have a program, including policies and procedures, to deter and detect substance abuse. Drug and alcohol abuse is a threat to both the employer and the employee.

This booklet will provide the necessary information to identify the signs and symptoms of prohibited drug use and alcohol misuse by district employees. It also includes practices and protocols related to the referral of an employee for reasonable suspicion drug and/or alcohol testing.

STANDARDS OF CONDUCT RELATED TO DRUGS AND ALCOHOL

The District has established standards of conduct related to drugs and alcohol consistent with deterring and detecting employee substance abuse.

Prohibited Conduct:

- Use, possession, sale, or transfer of controlled substances/illicit drugs and/or alcohol while on school property or while on duty.
- Testing positive for drugs or alcohol.
- Refusing to test (including adulterating or tampering with a drug/alcohol test).
- Reporting for work or performing work while under the influence of a controlled substance/illicit drug and/or alcohol.
- Possession of illicit drugs or drug paraphernalia found in a controlled work area or possessed exclusively by the employee.

Prescription Drug Use:

- Employees may use controlled substance medications under appropriate medical authorization and supervision. If a drug test is positive for a possible prescribed medication, the employee will have an opportunity to discuss the test with the Medical Review Officer who will ask about medications that may cause a positive test. If the employee is able to provide legitimate documentation of a prescribed medication (pharmacy record, bottle label, doctor's prescription) the MRO will report the test as a negative.
- It is the responsibility of the employee to discuss potential safety/performance issues related to prescription medications that affect mental and motor functioning with their prescribing physician. The prescribing physician should be made aware of the employee's duties and daily job functions and ensure that use of the medications as directed does not adversely affect safety or performance.
- Misuse, abuse, and inconsistent use with a doctor's prescription of prescribed medications is prohibited conduct.
- Prescriptions for controlled substances must be in the employee's own name, not prescribed for someone else and used by the employee.

CONSEQUENCES OF VIOLATION OF SUBSTANCE ABUSE POLICY

- Immediate removal from duty.
- Disciplinary actions up to and including dismissal or mandatory participation in a substance abuse rehabilitation program as a condition of continued employment.
- Rehabilitation opportunity will be offered only for the first offense.
- A refusal to test will result in a recommendation for termination of employment.

Considered a refusal to test: Leaving the workplace before submitting to testing
 Leaving the testing site before submitting to testing
 Refusing to cooperate with specimen collector (breath and urine)
 Refusal to follow any given instruction
 Disruptive behavior at the point of collection

If the employee refuses to test, do not use force to stop them from leaving. Call law enforcement to report that someone who is potentially under the influence is driving away from your worksite and then call the Office for Employee Relations.

REASONABLE SUSPICION DRUG AND ALCOHOL TESTING

As a tool for supporting and enforcing the District's policy on substance abuse, employees are subject to reasonable suspicion drug and alcohol testing as a condition of employment. An employee must submit to drug and/or alcohol testing when a supervisor or manager observes specific, contemporaneous, physical, behavioral, or performance indicators consistent with possible drug and/or alcohol use/abuse. Supervisors and managers will have received training on the signs and symptoms of drug and alcohol use/abuse. All incidents where reasonable suspicion exists will be documented in writing and signed by the supervisor making the reasonable suspicion testing determination.

Procedures for reasonable suspicion testing include the following:

1. Call the Office of Employee Relations for guidance and next steps. Print Supervisors Observations Form and Pasco's Reasonable Suspicion Drug Testing Program Notification Form from the links on Employee Relations Website.
*Have another staff member trained in RSDAT present, observing, and participating in whole process
2. Discreetly remove the employee from public areas. Discuss their concerning behavior, conduct, or physical appearance indicators leading to the decision to conduct reasonable suspicion testing with the employee. Allow the employee an opportunity to give an explanation.
3. Notification to the employee of the requirements to undergo reasonable suspicion testing and of his/her option to have a union representative present; if the employee is a union member.
NOTE: Testing will not be delayed or postponed if the union representative is not readily available.
4. The employee will be transported and escorted to the testing site (medical facility or mobile collection/testing facility). Do not leave the employee unsupervised once the decision has been made to have the employee tested.
5. The employee completes the testing process (urine specimen collection and/or breath alcohol test).
6. The employee is transported/escorted back to the worksite and placed on paid administrative leave status pending the test results.
7. The employee will make arrangements for transportation to his/her home. If the employee does not have a family member or other individual available to provide transportation home, the District will arrange transportation to the employee's home. If the employee refuses to be transported from the worksite and insists on driving his/her vehicle, local law enforcement will be notified that the employee has refused the offer to be transported home and there is reason to believe the employee may not be capable of safely operating a motor vehicle.
8. The employee will continue on administrative leave status until the reasonable suspicion test results are received by the District and will be contacted when the test results are available.

Observe ➡ **Document** ➡ **Discuss** ➡ **Test**

★ **Time is critical!** The employee could be under the influence of alcohol, if that is the case, it is imperative that you make the call to test the employee quickly. Blood Alcohol Concentration levels decrease 0.02 with every hour that passes. This means the employee may have been over the legal limit during your initial observation; however, if too much time passes, the employee's BAC could potentially drop below the legal limit.

DOCUMENTATION

There are **two** forms required for completing the reasonable suspicion testing. Both are located on the Employee Relations Website.

- 1- **Pasco's Reasonable Suspicion Drug Testing Program Notification Form**- Section 1 to be complete by observing supervisor
- 2- **Supervisor Observation Form**- Sections 1-5 to be completed by supervisor and additional trained witness if applicable.

Bring both forms to the collection site and forward originals to the Office of Employee Relations.

COLLECTION SITES



Please call Employee Relations first

If after hours, please call: Paul Meeker, Esq.

Cell: 352-834-4213

Breath Alcohol & Urine Drug

CareHere Facilities (preferred)

LOLHS
HMS
CENMS
GHS
TEWMS

Professional Onsite Management, Inc.

(only onsite services)
Post-Accident/Reasonable Suspicion
325-279-7394

Medical Onsite:

813-924-6678 or 813-924-6675

Company Care

(no appointment needed)
14100 Fivay Road, Suite 140
Hudson, FL 34667
727-819-2941
Hours: M-F 8:00 a.m. - 4:00 p.m

Urine Drug Collection Only

LabCorp Patient Service Centers

(no appointment needed)

New Port Richey Location

5124 U.S. Highway 19North
New Port Richey, FL 34652
727-841-9500

Hours: M-F 8:00 a.m. - 4:00 p.m.

Hudson Location

13944 Lakeshore Blvd. #D
Hudson, FL 34667
727-862-2858

Hours: M-F 9:30 a.m. - 4:00 p.m.

Zephyrhills Location

37802 Medical Arts Court
Zephyrhills, FL 33541
813-788-0904

Hours: M-F 7:30 a.m. - 12 noon
1:00 p.m. - 4:00 p.m.

WHAT DRUGS ARE TESTED?

Drug tests are conducted using urine specimens. The urine specimens are analyzed for the following drugs/metabolites:

- Marijuana metabolites/THC
- Cocaine
- Amphetamines (including methamphetamine)
- Opiates (including codeine, heroin, morphine)
- Phencyclidine (PCP)
- Benzodiazepines
- Propoxyphene
- Barbiturates
- Methadone

ALCOHOL TESTING

Use or possession of alcohol while on duty or reporting for work with a prohibited level of alcohol in your body is prohibited under the District's policy. If there are observed indications the employee may have engaged in prohibited alcohol conduct, the employee will be required to take a breath alcohol test to measure the alcohol concentration in his/her body.

Alcohol testing is a two-step process involving testing a breath specimen for the presence of alcohol. If the initial test of the employee's breath indicates the presence of alcohol (0.020 or greater), a second test is conducted to confirm the specific amount of alcohol present. The confirmation test is done using a second breath specimen provided after a waiting period of 15 minutes.

An alcohol concentration of 0.040 or greater as measured in the breath specimen is considered a positive test.

ALCOHOL CONCENTRATION AND DRINKS PER HOUR

Body Weight in Pounds	1 drink	2 drinks	3 drinks	4 drinks	5 drinks	6 drinks
100	.04	.08	.11	.14	.17	.21
120	.03	.06	.09	.11	.14	.17
140	.03	.05	.08	.10	.12	.14
160	.02	.05	.07	.09	.11	.12
180	.02	.04	.06	.08	.09	.11
200	.02	.04	.05	.07	.09	.10
220	.02	.03	.05	.06	.08	.09

NOTES: 1 Drink = 12 ounces of beer; 4 ½ ounces of wine; 1-1 ½ ounces of 80-86° liquor. Alcohol concentration is expressed in grams of alcohol per deciliter of blood = grams of alcohol per 2100 ml of breath.

These calculations are estimates. Blood Alcohol Content (BAC) can vary based on body chemistry, circumstance, etc. Additionally, alcohol intake often is unmeasured, and estimates of intake are often inaccurate. This information should be used only as an aid to understanding BAC.

This is the approximate number of hours to zero BAC from the time drinking began.

Hours to Zero BAC for Women

	100 lbs.	120 lbs.	140 lbs.	160 lbs.	180 lbs.	200 lbs.
12 Drinks	34 hrs	28 hrs	24 hrs	21 hrs	19 hrs	16.5 hrs
11 Drinks	31 hrs	25 hrs	22 hrs	19 hrs	17 hrs	15 hrs
10 Drinks	28 hrs	23 hrs	20 hrs	17.5 hrs	16 hrs	14 hrs
9 Drinks	26 hrs	21.5 hrs	18.5 hrs	16 hrs	14.5 hrs	13 hrs
8 Drinks	23 hrs	19 hrs	16.5 hrs	14.5 hrs	13 hrs	11.5 hrs
7 Drinks	20 hrs	17 hrs	14.5 hrs	12.5 hrs	11.5 hrs	10 hrs
6 Drinks	17.5 hrs	14 hrs	12.5 hrs	11 hrs	9.5 hrs	8.5 hrs
5 Drinks	14.5 hrs	12 hrs	10.5 hrs	9 hrs	8 hrs	7 hrs
4 Drinks	12 hrs	9.5 hrs	8.5 hrs	7 hrs	7 hrs	5.5 hrs
3 Drinks	9 hrs	7 hrs	6.5 hrs	5.5 hrs	5 hrs	4.5 hrs
2 Drinks	6 hrs	5 hrs	4 hrs	3.5 hrs	3 hrs	3 hrs
1 Drinks	3 hrs	2.5 hrs	2 hrs	2 hrs	1.5 hrs	1.5 hrs

Hours to Zero BAC for Men

	120 lbs.	140 lbs.	160 lbs.	180 lbs.	200 lbs.	220 lbs.
12 Drinks	23 hrs	20 hrs	17 hrs	15 hrs	13.5 hrs	13 hrs
11 Drinks	21 hrs	18 hrs	16 hrs	14 hrs	12 hrs	12 hrs
10 Drinks	19 hrs	16 hrs	14 hrs	12.5 hrs	11 hrs	11 hrs
9 Drinks	18 hrs	15 hrs	13.5 hrs	11.5 hrs	10.5 hrs	10 hrs
8 Drinks	16 hrs	13.5 hrs	12 hrs	10 hrs	9 hrs	9 hrs
7 Drinks	14 hrs	12 hrs	10.5 hrs	9 hrs	8 hrs	8 hrs
6 Drinks	12 hrs	10 hrs	9 hrs	8 hrs	7 hrs	6.5 hrs
5 Drinks	10 hrs	8.5 hrs	7.5 hrs	6.5 hrs	6 hrs	5.5 hrs
4 Drinks	8 hrs	7 hrs	6 hrs	5.5 hrs	5 hrs	4.5 hrs
3 Drinks	6 hrs	5 hrs	4.5 hrs	4 hrs	3.5 hrs	3.5 hrs
2 Drinks	4 hrs	3.5 hrs	3 hrs	3 hrs	2.5 hrs	2 hrs
1 Drinks	2 hrs	2 hrs	2 hrs	1.5 hrs	1 hrs	1 hrs

These calculations are estimates and should only be used to understand that alcohol is eliminated from the body very slowly. No “sobering up method” will decrease the elimination time. Some things (stimulant intake, exercise, showering) might help a person feel more alert, but does nothing to increase the rate of elimination or decrease BAC.

SUBSTANCE INFORMATION

Alcohol: (Beer, Wine, Distilled Spirits)

The first noticeable effects of alcohol ingestion are heightened activity and loss of judgment. Individuals react differently: many drinkers tend to feel happy, gregarious, filled with enthusiasm, relaxed, and more self-confident, while others become hostile, withdrawn, and depressed. As more alcohol reaches the brain, thinking and memory become moderately impaired and perceptual and motor functions may be adversely affected and inhibitions may be lowered. The face and skin may seem warm and flush.

Amphetamine: Amphetamine (speed, uppers, bennies, dexies) and methamphetamine (crank, crystal, meth, ice) Stimulants work directly on the central nervous system increasing alertness and strength and decreasing hunger. Because of these effects, stimulants tend to be abused by students (to stay awake and focused to study for exams), by long-distance drivers (to stay alert and to combat boredom), and by athletes (to improve performance). Stimulants may be taken by mouth, by nose ("snorted"), or injected. When taken in tablet form, the effects last from eight to twelve hours, and from three to four hours when snorted or taken by injection.

Barbiturates: (Amobarbital, Phenobarbital, Secobarbital, Tuinal)

Barbiturates are a group of drugs in the class of drugs known as sedative-hypnotics, which generally describes their sleep-inducing and anxiety-decreasing effects. There are many different barbiturates. The primary difference among them is how long their effects last. The effects of some of the long-acting drugs may last up to 2 days. Others are very short-acting. Their effects last only a few minutes. Barbiturates can be injected into the veins or muscles, but they are usually taken in pill form.

Benzodiazepines: Prescription medication (Valium, Xanax)

Benzodiazepines are a type of medication known as tranquilizers. They are some of the most commonly prescribed medications in the United States. When people without prescriptions obtain and take these drugs for their sedating effects, use turns into abuse. Benzodiazepines can be orally ingested or used intravenously.

Cannabis: Marijuana (pot, weed, grass, reefer); Hashish (hash)

Marijuana is usually smoked, rolled in a very thin paper like a cigarette, or in a water pipe called a "bong." Sometimes other substances, such as PCP or powdered sedatives, are sprinkled on the marijuana prior to smoking it. Hashish is smoked in a small pipe. The smell produced by the smoke of marijuana or hashish is distinctively sweet.

Cocaine: (coke, snow, blow, nose candy, crack)

Cocaine is a white powder typically mixed with various white cutting agents. It can be administered in a number of ways: inhalation ("snorting"), injection ("shooting up"), free-basing, or smoking as crack.

Cocaine snorters often develop nose and throat trouble due to the irritation caused to these passages when snorted. Bloody nasal discharge, runny nose, infections of the sinuses, and frequent coughing are common. Some users lose all sense of smell as a result of this practice.

Methadone:

This prescription medication is used to treat severe ongoing pain, such as cancer. This medication is also used to treat addiction to narcotic drugs (such as heroin) as part of an approved treatment program. It helps prevent withdrawal symptoms caused by stopping other narcotic drugs.

Opiates: (Opium, Heroin, Morphine, Codeine)

Opiates are narcotic drugs derived from opium, a black, sticky substance that is produced when the pod of the poppy plant is slashed at a certain time of the year. All of the opiates act in a similar manner, but the intensity of the effects (and, therefore, the abuse potential) differs from drug to drug.

Morphine and codeine are prescribed for their pain-killing abilities. Codeine is the least strong of the opiates and is often found in cough syrups and mild analgesics (such as the prescription Tylenol/Codeine combination). Morphine, on the other hand, may be used to combat pain following surgery, and is usually given via IV, a pump, or skin patch delivery system.

Heroin has no legitimate medical use and is not pharmaceutically available. A dose of heroin lasts two to six hours when injected, and injection is the primary method of use (bringing with it all the dangers of hepatitis and AIDS).

Phencyclidine: (PCP, angel dust)

PCP is a powder. It is usually taken orally, inhaled through the nose ("snorted"), injected, or sprinkled on tobacco, marijuana, or parsley, and smoked in cigarette form. When smoked in this way, the drug is called "angel dust," and users are referred to as "dusters."

The acute drug reactions usually last four to six hours, but the effects of PCP have a unique pattern: they "come and go." The hallucination may suddenly become very strong, and then fade away, and then reoccur. The reason for this is that the drug is absorbed by a person's body fat; then released into the blood stream; then metabolized, and released again, prolonging the drug's effects.

Propoxyphene: (Darvon and Dolene)

Propoxyphene opioid narcotic pain reliever to relieve mild to moderate pain. This brand name drug is no longer prescribed in the United States.

EMPLOYEE ASSISTANCE PROGRAM AND REHABILITATION

The District's Employee Assistance Program (EAP) offers support to all District staff for a variety of needs, including confidential linkage with a licensed mental health professional who can assist with assessing the need for and finding appropriate resources for substance abuse counseling and intervention. Employees who are concerned about their use or misuse of alcohol or controlled substances are encouraged to pursue assessment and intervention to help prevent any substance-related incident at work. To access the program confidentially, an employee may contact the EAP office at the numbers listed below.

School or District Work Location ext. 4-2366 or (813) 794-2366 | (352) 524-2366 | (727) 774-2366

Using the Employee Assistance Program after a Violation of the Substance Abuse Policy

When participation in a substance abuse rehabilitation program is required as a condition of continued employment, the employee must undergo a substance/alcohol evaluation by a licensed and approved professional and follow the recommendations made as a result of that evaluation. Unless the employee requests otherwise, a referral will be made to the Supervisor of the Employee Assistance Program who will facilitate completion of this process and, with employee authorization, report compliance status to the Director of Employee Relations. Though the cost of the substance abuse evaluation may be covered through the employee's EAP benefit, the cost of any required treatment will be the responsibility of the employee. A portion of the cost of treatment is often covered by medical or behavioral health insurance plans.



Pasco's Reasonable Suspicion Drug Testing Program Notification Form

Employee Name (Please Print)

Employee ID #

Section 1 (To be completed by supervisor)

Complete the employee information. Indicate the appropriate agency collection site, type of test, and category of testing.

Employee Worksite

Employee Home Telephone Number

Date

Time a.m./p.m.

Collection Site

Type of Test

- Urine Drug Screen
- Breath alcohol

Category of Testing

- Reasonable Suspicion
- Return-to-duty
- Follow-up

Signature of Supervisor

Signature of Employee

Section 2 Collection Sites

District's CareHere Health & Wellness Centers

Company Care

Professional Onsite Management, Inc.

LabCorp Patient Service Centers (Drug Only)

If Test Result is
Negative:

Mail employer copy
marked "Confidential" to:

Paul Meeker, Esq.
Director, Office for Employee Relations

District School Board of Pasco County

If Test Result
is **Positive:**

Contact the Office for Employee Relations immediately at (813) 794-2322 or (352)834-4213.
If Mr. Meeker cannot be reached by the Breath Alcohol Technician (B.A.T.), contact FirstLab immediately at (215) 396-5500

SUPERVISOR'S OBSERVATION FORM
Pasco's Reasonable Suspicion Drug Testing Program

Section 1

Employee Name _____ Employee Job Title _____

School/Worksite _____ Date of Observation _____ Time _____ am / pm

Location _____

Section 2

Observations: Check ALL that apply:

BEHAVIOR

- stumbled
- sleepy, lethargic
- agitated, anxious, restless
- hostile, withdrawn
- unresponsive, distracted
- clumsy, uncoordinated
- tremors, shakes
- flu-like illness complaints
- suspicious, paranoid
- hyperactive, fidgety
- inappropriate, uninhibited behavior
- frequent use of mints, mouthwash, breath sprays, eye drops

APPEARANCE

- flushed complexion
- sweating
- cold, clammy, sweats
- bloodshot eyes
- tearing, watery eyes
- dilated (large) pupils
- constricted (pinpoint) pupils
- unfocused, blank stare/cursing,
- disheveled clothing
- unkempt grooming

SPEECH

- slurred, thick drowsy,
- incoherent
- exaggerated enunciation
- loud, boisterous
- rapid, pressured
- excessively talkative
- nonsensical, silly
- inappropriate speech

BODY ODOR

- alcohol
- marijuana

Other observations _____

Section 3

The observations documented above were made of the employee identified in Section 1.

Supervisor's Name (printed or typed) Signature _____ Date _____

Additional Witness:

Witness Name (Printed or typed) Signature _____ Date _____

Section 4

Test Determination:

- | | |
|---|--|
| <input type="checkbox"/> Reasonable Suspicion Alcohol Breath Test | <input type="checkbox"/> No Test Conducted |
| <input type="checkbox"/> Reasonable Suspicion Drug Urine Test | <input type="checkbox"/> 8 hours elapsed |
| <input type="checkbox"/> No Test Required | <input type="checkbox"/> No collection available |
| <input type="checkbox"/> Employee Refused Test | <input type="checkbox"/> Employee transported for medical care |
| | <input type="checkbox"/> Other (explain) _____ |

Section 5

Employee transported to collection site by _____

Time transported _____ am / pm Collection Site _____

