COUNTY OF SONOMA

DEPARTMENT OF TRANSPORTATION (DOT) ALCOHOL AND CONTROLLED SUBSTANCES TESTING PROGRAM

EMPLOYEE POLICY AND PROCEDURES

Last updated September 2013

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1. POLICY STATEMENT

It is the policy of the County of Sonoma and all agencies and special districts under the direct control and under the governing authority of the Board of Supervisors (hereafter referred to as County) to provide for a safe and healthy work environment free of controlled substances and alcohol among employees and to ensure the County is in compliance with the regulations of the Department of Transportation (DOT), Federal Motor Carriers Safety Administration (FMCSA), hereafter referred to as DOT regulations. It is the expectation of the County that employees covered by the DOT regulations will report to work, and remain on duty, free of alcohol and controlled substances and be able to pass Department of Transportation alcohol and controlled substances testing. The purpose of this program is to help prevent accidents and injuries resulting from the use of alcohol or controlled substances by employees who perform safety-sensitive functions.

This policy is effective as of September 24, 2013 and supersedes the County's previous DOT Alcohol and Controlled Substances Policy.

Updates will be incorporated by the DOT Program Administrator in Risk Management as federal regulations or interpretations of these regulations change. Should there be conflicts between federal regulations and this policy, federal law will control.

2. REFERENCES

Vehicle Code Section 34520, Motor Carriers and Drivers Controlled Substances and Alcohol Use Testing

Title 49 CFR, Part 40, Procedures for Transportation Workplace Drug and Alcohol Testing Programs

Title 49 CFR, Part 382, Federal Motor Carrier Safety Administration (FMCSA) Regulations on Controlled Substances and Alcohol Use and Testing

Title 49 CFR, Part 383, Federal Motor Carrier Safety Administration (FMCSA) Regulations on Commercial Drivers License Standards, Requirements, and Penalties

Title 49 CFR, Part 392, Federal Motor Carrier Safety Administration Regulations on Driving a Commercial Motor Vehicle

3. PARTICIPATION AS A CONDITION OF EMPLOYMENT

All employees in, or applicants for, positions defined as safety-sensitive in Section 6 must participate in the alcohol and controlled substances testing program prescribed by DOT Regulations as a condition of employment. For applicants, failure to participate and comply with program requirements will result in withdrawal of the conditional job offer. For covered employees, failure to participate or comply with the program requirements may result in disciplinary action up to and including termination of employment in accordance with County Civil Service Rules or an Agency or District's separate and distinct disciplinary rules and procedures.

4. NON-DISCRIMINATION

In accordance with the requirements of the Americans with Disabilities Act, the County does not discriminate against employees or applicants who are qualified individuals with a disability who are

not currently engaged in the use of illegal drugs and who do not otherwise violate the provisions of this policy, including but not limited to individuals who: 1) have successfully completed or who are currently participating in a supervised rehabilitation program and are no longer engaging in such use; or 2) have otherwise been rehabilitated and are no longer engaging in such use.

5. DEPARTMENT OBLIGATIONS

County departments, including appointing authorities, managers, supervisors and employees must comply with this policy, which will be provided to all covered employees and posted on the Human Resource Department's Occupational Health & Safety Internet site.

The County is dedicated to assuring fair and equitable application of this program and policy. Any supervisor/manager who knowingly disregards the requirements of this policy, or who is found to deliberately misuse the policy may be subject to disciplinary action in accordance with County Civil Service Rules or an Agency or District's separate and distinct disciplinary rules and procedures.

6. APPLICABILITY – SAFETY SENSITIVE FUNCTIONS

6.1 Except as specifically excluded under Federal or State law, this policy is applicable to all applicants or employees who operate a commercial motor vehicle in commerce, and who are subject to the Commercial Driver's License (CDL) requirements under CFR 49, Part 383. This includes applicants or employees who currently hold a CDL or who hold a Commercial Learner's Permit (CLP) and are in the process of obtaining their CDL.

6.2 As defined by the DOT regulations, "performing a safety-sensitive function" means all time from when a driver reports to 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.

6.3 Safety sensitive functions include:

6.3.1 All time on County or other property waiting to be dispatched, unless the driver has been relieved from duty by their employer.

6.3.2 All time inspecting, servicing, or conditioning any commercial motor vehicle at any time.

6.3.3 All time, other than driving time, in or upon any commercial motor vehicle, except time spent resting in a sleeping berth.

6.3.4 All time loading or unloading a commercial motor vehicle, supervising or assisting in loading or unloading, attending a vehicle being loaded or unloaded, remaining ready to operate the vehicle, or giving or receiving receipts for shipments loaded or unloaded.

6.3.5 All time repairing, obtaining assistance for, or remaining with a disabled vehicle.

6.3.6 All time spent *driving* a Commercial Motor Vehicles (CMV). A CMV is a vehicle or combination of vehicles used in commerce to transport passengers or property if the vehicle:

6.3.6.1 Has a gross combination weight rating or gross combination weight of 26,001 pounds or more, whichever is greater, inclusive of a towed unit with a gross vehicle weight rating or gross vehicle weight of more than 10,000 pounds, whichever is greater;

6.3.6.2 A vehicle with a gross vehicle weight rating or gross vehicle weight of 26,001 pounds or more, whichever is greater;

6.3.6.3 A vehicle designed to transport 16 or more passengers, including the driver; or

6.3.6.4 A vehicle of any size used in the transportation of those hazardous materials found in the Hazardous Materials Transportation Act (49 U.S.C. 5103(b)), and which require the vehicle to be placarded under the Hazardous Materials Regulations (49 CFR part 172, subpart F).

6.4 The term "driver" includes those employees who are full-time and part-time drivers of commercial motor vehicles, as well as those who are temporary, seasonal, intermittent, retirees, or occasional drivers.

6.5. Drivers (as defined in 6.4) performing the functions in 6.3 above are covered employees and are subject to all of the provisions of this policy.

6.6 A listing of positions which are covered by this policy will be maintained by each County department and provided to the Program Administrator in Risk Management.

7. DEFINITIONS

7.1 Accident for post-accident testing purposes means an occurrence involving a commercial motor vehicle operating on a public road in commerce.

7.2 Alcohol concentration means the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath. Alcohol limits contained in this policy are expressions of Alcohol Concentration.

7.3 Alcohol screening test is an analytic procedure to determine whether an employee may have a prohibited concentration of alcohol in a breath or saliva specimen.

7.4 Commerce means: (1) Any trade, traffic or transportation within the jurisdiction of the United States between a place in a State and a place outside of such State, including a place outside of the United States; and (2) Trade, traffic, and transportation in the United States which affects any trade, traffic, and transportation described in paragraph (1) of this definition.

7.5 Commercial Driver's License (CDL) is a driver's license issued by the State for any of the following license classifications:

Class A – Any combination of vehicles with a Gross Combination Weight Rating (GCWR) of 26,001 or more pounds provided the Gross Vehicle Weight Rating (GVWR) of the vehicle being towed is in excess of 10,000 pounds.

Class B – Any single vehicle with a GVWR of 26,001 or more pounds, or any such vehicle towing a vehicle not in excess of 10,000 pounds GVWR.

Class C – Any single vehicle, or combination of vehicles, that does not meet the definition of Class A or Class B, but is either designed to transport 16 or more passengers, including the driver, or is transporting material that has been designated as hazardous under 49

U.S.C. 5103 and is required to be placarded under subpart F or 49 CFR Part 172 or is transporting any quantity of a material listed as a select agent or toxin in 42 CFR Part 73.

7.6 Controlled Substances as used in this policy refer to any drug or substance identified in 21 CFR 1308.11 Schedule I (included as Attachment 1). The controlled substances for which tests are required under DOT regulations and this policy are currently cocaine, PCP, amphetamines, marijuana and opiates (see 49 CFR Part 40, Section 40.85).

7.7 Designated Employer Representative (DER) is an employee authorized by the employer to take immediate action(s) to remove employees from safety-sensitive duties, or cause employees to be removed from these covered duties, and to make required decisions in the testing and evaluation processes. The DER also receives test results and other communications for the employer.

7.8 Dilute specimen is a urine specimen with creatinine and specific gravity values that are lower than expected for human urine.

7.9 Licensed Medical Practitioner means a person who is licensed, certified, and/or registered, in accordance with applicable Federal, State, local, or foreign laws and regulations, to prescribe controlled substances and other drugs.

7.10 Medical Review Officer (MRO) is a person who is a licensed physician and who is responsible for receiving and reviewing laboratory results generated by an employer's controlled substances testing program and evaluating medical explanations for certain controlled substances test results.

7.11 Performing a safety-sensitive function means any period in which an employee is actually performing, ready to perform, or immediately available to perform any safety-sensitive function.

7.12 Public road means any road under the jurisdiction of a public agency and open to public travel or any road on private property that is open to public travel. "Open to public travel" means that the road section is available, except during scheduled periods, extreme weather or emergency conditions, passable by four-wheel standard passenger cars, and open to the general public for use without restrictive gates, prohibitive signs, or regulation other than restrictions based on size, weight, or class of registration. Toll plazas of public toll roads are not considered restrictive gates.

7.13 Safety sensitive functions are those activities described in 6.3.

7.14 Substance Abuse Professional (SAP) is a person who evaluates employees who have violated a DOT alcohol and controlled substances regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare.

7.15 Substituted specimen is a urine specimen with creatinine and specific gravity values that are so diminished or so divergent that they are not consistent with normal human urine.

7.16 Verified test is a controlled substances test result or validity testing result from a Health and Human Service (HHS)-certified laboratory that has undergone review and final determination by the Medical Review Officer.

8. PROHIBITED BEHAVIOR

The following conduct is prohibited and will result in discipline up to and including termination from employment in accordance with County Civil Service Rules or an Agency or District's separate and distinct disciplinary rules and procedures:

8.1 The use of alcohol by employees performing safety sensitive-functions as follows:
- 8.1.1 Reporting for duty or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration level of 0.04 or greater;
- 8.1.2 Performing a safety-sensitive function within four hours of using alcohol;
- 8.1.3 Using alcohol while performing a safety-sensitive function.

8.2 Being on duty or performing a safety-sensitive function while possessing alcohol.

8.3 Reporting for duty or remaining on duty requiring the performance ofsafety-sensitive functions when the employee used or is in possession of any drug or substance identified in 21 CFR Part 1308 Schedule of Controlled Substances (Attachment 1). DOT regulations prohibit the performance of safety-sensitive functions while using any Schedule I drug or substance, under any circumstances.

8.4 Reporting for duty or remaining on duty requiring the performance of safety sensitive functions when the employee uses any non-Schedule I drug or substance that is identified in the other Schedules in 21 CFR Part 1308 except when the use or possession is pursuant to the instructions of a licensed medical practitioner who is familiar with the driver's medical history and has advised the employee that the substance will not adversely affect the employee's ability to safely perform the safety sensitive functions.

8.5 Employees are required to inform the County's Designated Employer Representative of any use of controlled substances so that the DER can facilitate the process to determine if operation of a CMV while using the controlled substances is consistent with the DOT regulations.

8.6 Reporting for duty or remaining on duty requiring the performance of safety-sensitive functions if the employee tests positive or has adulterated or substituted a test specimen for controlled substances.

8.7 Refusing to submit to any alcohol or controlled substances test required by this policy. A covered employee who refuses to submit to a required controlled substances/alcohol test will be treated in the same manner as an employee who tested 0.04 or greater on an alcohol test, or tested positively on a controlled substances test. A refusal to submit to an alcohol or controlled substances test required by this Policy includes, but is not limited to:

- 8.7.1 Refusal to take any required test (except for pre-employment testing when an employee/applicant leaves the test site before testing begins);
- 8.7.2 An inability to provide sufficient quantities of breath or urine to test without a valid medical explanation;
- 8.7.3 A refusal to cooperate with the testing process (such as refusing to complete and sign the breath alcohol or controlled substances testing form, refusing to follow collector instructions, etc.) in a way that prevents the completion of the test;

8.7.4 Tampering with or attempting to adulterate the urine specimen or collection procedure;

8.7.5 Failure to report to the collection site in the time allotted by the supervisor or manager who directs the employee to be tested (except for a pre-employment test);

8.7.6 Failure to remain at the testing site until the testing process is complete (except if an applicant/employee leaves the site before the testing process begins for a pre-employment test it is not deemed a refusal to test);

8.7.7 Failure to remain readily available for post-accident testing for 8 hours or until the employee is tested, whichever comes first.

9. CIRCUMSTANCES FOR TESTING

9.1 Pre-employment/Pre-duty Testing

9.1.1 All applicants for safety sensitive positions as well as all employees desiring to transfer or promote (whether from within the same department, another County department, or another County entity) from positions which are not covered to positions which are covered, will be required to submit to pre-employment/pre-duty controlled substances testing. Applicants or employees will not be assigned to a safety sensitive position if they do not pass the controlled substances testing.

9.1.2 A covered employee who is returning after being off work and not subject to random alcohol and controlled substances testing for 30 calendar days or more will be required to submit to pre-duty controlled substances testing prior to resuming safety sensitive duties.

9.2 Reasonable Suspicion Testing

9.2.1 Alcohol Testing:

9.2.1.1 Covered employees are required to submit to an alcohol test when a supervisor or manager who has been trained pursuant to this policy has reasonable suspicion to believe the employee has violated the prohibitions in this policy concerning alcohol. The determination that reasonable suspicion exists must be based on specific, contemporaneous, articulable observations concerning the employee's appearance, behavior, speech or body odors, such as blurry eyes, slurring, or alcohol on the breath which will be recorded as required by DOT regulations. The supervisor may not rely on long-term signs, such as absenteeism or tardiness, to support the need for a reasonable suspicion alcohol test.

9.2.1.2 Alcohol testing is authorized under this policy only if the observations are made while the driver is performing safety-sensitive functions, just before the driver is to perform safety-sensitive functions, or just after the driver has ceased performing such functions.

9.2.1.3 The reasonable suspicion alcohol test will be administered within two hours of the observation. If not, the employer will provide written documentation as to why the test was not promptly conducted. No alcohol test may be administered after eight hours following the observation.

9.2.2 Controlled Substances Testing

9.2.2.1 Covered employees are required to submit to a controlled substances test when a supervisor or manager who has been trained pursuant to this policy has reasonable suspicion to believe that the employee has violated the prohibitions in this policy concerning controlled substances. The determination that reasonable suspicion exists must be based on specific, contemporaneous, articulable observations concerning the employee's appearance, behavior, speech or body odors. The observations may include indications of the chronic and withdrawal effects of controlled substances.

9.2.3 To ensure that supervisors are trained to make reasonable suspicion determinations, supervisors vested with the authority to demand a reasonable suspicion controlled substances and alcohol test will attend at least one hour of training on alcohol misuse and at least one hour of training on controlled substances use. The training will cover the physical, behavioral, speech and performance indicators of probable alcohol misuse and use of controlled substances.

9.3 Random Testing

9.3.1 A random alcohol test will be administered while the driver is performing safety-sensitive functions, just before the driver is to perform safety-sensitive functions, or just after the driver has ceased performing such functions. The County will subject a minimum of 10% of the average number of covered employees to random alcohol testing per year. Some employees may be tested more than once in a year, while others may not be tested at all depending on the random selection process.

9.3.2 On the date an employee is selected for random alcohol or controlled substances testing, his/her supervisor will ensure his/her duties are covered and the employee proceeds immediately to the test site upon notification of testing. The tests must be conducted as soon as possible after the random selection is made.

9.3.3 A random controlled substances test will be administered to a minimum of 50% of the average number of covered employees per year at any time while the driver is at work for the employer, even if the employee is performing non safety-sensitive functions. Some employees may be tested more than once in a year, while others may not be tested at all depending on the random selection process.

9.3.4 The minimum annual percentage rate for alcohol and controlled substances will be that percentage determined each year by the FMCSA Administrator and published in the Federal Register.

9.4 Post-accident testing

An accident for purposes of this section is defined as an occurrence involving a commercial motor vehicle being operated on a public road.

9.4.1 As soon as practical following an occurrence involving a commercial motor vehicle, alcohol and controlled substances tests will be conducted on any employee who was performing safety-sensitive functions with respect to the vehicle **if**:

9.4.1.1 The accident involved loss of human life; **or**

9.4.1.2 The employee receives a citation for a moving traffic violation arising from the accident, **and** the accident involved:

a) bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; **or**

b) one or more 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.

9.4.2 As soon as practical following any accident involving a commercial motor vehicle, the employee will notify their supervisor or department designee in accordance with departmental procedures. The supervisor or designee will make the decision as to whether or not to direct the employee for testing based on the criteria defined in this section.

9.4.3 Post-accident alcohol tests must be administered within two hours following an accident and no test may be administered after eight hours. A post-accident controlled substances test must be conducted within 32 hours following the accident. If the required tests are not conducted within these timeframes, the employer must cease attempts to conduct the testing and document the reason testing was not completed. This documentation must be provided to the FMCSA upon request.

9.4.4 A safety-sensitive employee will not use alcohol for eight (8) hours following an accident or until the employee undergoes a post-accident alcohol test, whichever occurs first.

9.5 Return to Duty and Follow-up Testing

9.5.1 A covered employee who has violated any of the prohibitions of this policy will submit to return to duty testing before he/she may be returned to his/her position. The test result must indicate an alcohol concentration of less than 0.02 or a verified negative result on a controlled substances test.

9.5.2 Upon returning to duty following violation of any of the prohibitions of this policy, the employee will also be subject to follow-up testing which is separate from the random testing obligation. The employee will be subject to at least six unannounced controlled substances/alcohol tests during the first year back to the safety-sensitive position following the violation.

10. CONSEQUENCES OF FAILING A REQUIRED TEST

10.1 A covered employee who has a test result showing an alcohol concentration of 0.02 or greater but less than 0.04 will be immediately removed from performing a safety sensitive function until the start of the employee's next regularly scheduled duty period, but not less than 24 hours following administration of the test.

10.2 A covered employee who tests positive for a controlled substances or alcohol (over 0.04 alcohol concentration) or who refuses to submit to a test required under this policy will immediately be removed from performing any safety sensitive function and will be subject

to discipline up to and including termination in accordance with County Civil Rules or an Agency's or District's separate and distinct disciplinary rules and processes.

10.2.1 When there is a positive result for any test required under this policy and when the appointing authority concurs, the Employee may choose to enter into a Recovery Agreement in lieu of termination and may also be subject to discipline other than termination from employment.

10.2.3 If the Employee enters into a Recovery Agreement, the Employee:

10.2.3.1 Will submit to an examination by a Substance Abuse Professional (SAP). Upon a determination by the SAP, the employee will be required to undergo treatment for his/her alcohol or controlled substances abuse as specified in the DOT regulations. The County is not required to pay for this treatment. A treatment plan will be prepared by the SAP. The Recovery Agreement will reference the treatment plan.

10.2.3.2 Will not be returned to his/her safety sensitive position until the employee submits to a return-to-duty controlled substances and/or alcohol test (depending on which test was failed) which indicates an alcohol concentration of less than 0.02 or a negative controlled substances result (see section 9.5.1). In addition, each driver who has been identified by the SAP as needing assistance in resolving problems with alcohol or controlled substances, must be evaluated again by the SAP and deemed to be properly following any prescribed rehabilitation program.

10.2.3.3 Will submit to unannounced follow-up testing after being returned to his/her or safety sensitive position (see section 9.5.2).

11. PROCEDURES FOR TESTING

The collection and testing procedures will be conducted in accordance with DOT regulations. They are attached to this policy as Attachment 2. These regulations were designed to protect the covered employee and the integrity of the testing processes, safeguard the validity of the test results, and ensure that those results are attributed to the correct employee.

12. DILUTE SAMPLES

12.1 Current Employee

12.1.1 If a negative controlled substances test is dilute and the MRO directs, an observed retest will be conducted immediately.

12.1.2 If a negative controlled substances test is dilute and an observed retest is not directed by the MRO, the County will direct the employee to retest immediately. The retest will not be conducted under direct observation.

12.1.3 If an employee's retest is reported by the MRO as also being negative dilute, the employee **will not** be tested again unless so directed by the MRO.

12.1.4 Unless a third test is directed by the MRO, a second negative dilute will be considered a negative test and will be the test of record.

12.1.5 If the employee declines to take a retest, the employee has refused the test for purposes of this policy and DOT regulations.

12.2 Applicant for a CDL Safety Sensitive Position

12.2.1 If an applicant for County employment required to take a pre-employment test under the County's alcohol and controlled substances testing policy has a test result reported as negative dilute, it is the policy of the County that the applicant **will not** be offered a second test and the applicant will also **not** be offered a job with the County if the job requires the applicant, once hired, to hold a Commercial Driver's License (CDL) and to participate in the County's alcohol and controlled substances testing program **unless** the applicant meets the requirements set forth in 12.2.2

12.2.2 An applicant who has a pre-employment test result reported as negative dilute may be offered a job **if** the applicant produces a certificate, within 15 work days of being notified of the negative dilute, from a physician, licensed to practice medicine in California and who is also either a Certified Medical Review Officer or board certified in occupational medicine, which states that as a result of a medical examination, the physician has identified a known medical reason why the applicant's creatinine level is outside the normal standard laboratory range.

12.2.3 Any cost to an applicant to obtain such a certificate will be the responsibility of the applicant and not the County.

13. EMPLOYEE ADMISSION OF ALCOHOL AND CONTROLLED SUBSTANCES USE

13.1 The County encourages drivers who recognize that they may have a problem with controlled substances and/or alcohol to seek assistance for resolving that problem before they have a DOT violation due to a positive test result or because they engaged in other DOT prohibited conduct. A driver who admits to a drug and/or alcohol problem under the conditions outlined in 13.2 below will not have a DOT violation. He/she will be given an opportunity to obtain a chemical use assessment from the County's Employee Assistance Program (EAP) provider. Prior to the assessment, however, the County will require the driver to sign a release of information that will enable the County's DER (Designated Employer Representative) to receive the results of the assessment and to receive subsequent reports related to the assessment, and the driver's successful completion of all recommendations for assistance.

13.2 Under the DOT regulations, the following conditions must apply to the driver's self-admission:

13.2.1 The driver's admission cannot be made during his/her on-duty time. It must occur prior to the driver's reporting for duty on any particular day.

13.2.2 The driver's admission cannot be made in an attempt to avoid a required test.

13.2.3 49 CFR Part 382.121 requires the County to remove the driver from safety-sensitive functions, including driving.

13.2.4 When the County is satisfied that the driver has complied with the EAP's recommendations for assistance, the County will return the driver to safety-sensitive functions, provided that:

13.2.4.1 Prior to returning to safety-sensitive functions, the driver will be required to provide a negative DOT controlled substances and/or alcohol test result on a Return-to-Duty test.

13.2.4.2 A driver who self-identifies under this policy, and who then fails to comply with the EAP's recommendations will be considered to have engaged in conduct prohibited by the DOT in 49 CFR Part 382, Subpart B, and will not be permitted to return to safety-sensitive functions until he/she has successfully complied with the SAP return-to-duty process.

13.3 The County will adhere to the following terms, in accordance with 49 CFR Part 382.121

13.3.1 The County will take no disciplinary action against a driver who admits to controlled substances and/or alcohol use under the terms above.

13.3.2 A driver who self-identifies under this program will be given reasonable time to obtain the required assessment and assistance. The County requires the assessment process to be initiated within three (3) days of the driver's disclosure.

13.3.3 A driver who complies with all requirements, and who complies satisfactorily with the EAP's recommendations for assistance, will be permitted to return to safety-sensitive functions.

13.3.4 A driver who cooperates and successfully complies with this program will not be considered to have had a DOT violation of prohibited conduct under 49 CFR Part 382, Subpart B.

14. AVAILABLE ASSISTANCE FOR EMPLOYEES

14.1 All County, Agency and District employees have access to an Employee Assistance Program. This service is available free of charge, and can help refer those who need assistance with alcohol and controlled substances abuse to appropriate resources.

14.2 Employees may also contact their medical provider or health insurance carrier to discuss other resources available to them.

15. RECORDS AND RECORD KEEPING

15.1 Records required by the DOT regulations will be the responsibility of the Risk Management Program Administrator.

15.2 The Risk Management Program Administrator may assign custody of certain records and record keeping to designated representatives in County departments and/or to the service agent(s) providing alcohol and controlled substances testing services under this policy.

15.3 Under federal and state law, all information regarding controlled substances testing is considered confidential and is maintained separately from medical and personnel records in a secured location. Access to such files is strictly limited. Information shared and distributed is based on the DOT regulations and/or any applicable state regulation(s).

16. ORIENTATION AND TRAINING

16.1 Training for Supervisors: Each department will ensure that all supervisors and other persons designated to determine whether reasonable suspicion exists to require an employee to undergo testing receive a minimum of sixty (60) minutes of training on alcohol misuse and a minimum of sixty (60) minutes of training on controlled substances use. The training will include the physical, behavioral, speech, and performance indicators of probable alcohol misuse and use of controlled substances.

16.2 Training for Safety-Sensitive Employees: Each department will ensure that all employees performing job functions deemed safety sensitive receive, and sign a statement acknowledging receipt of, the County's DOT policy. Departments will review with each covered employee the following specific details included in the policy:

- The designated person to answer questions about the material
- The categories of drivers subject to Part 382
- Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required
- Specific information concerning prohibited driver conduct
- Circumstances under which a driver will be tested
- Test procedures, driver protection and integrity of the testing processes, and safeguarding the validity of the test
- The requirements that tests are administered in accordance with Part 382
- An explanation of what will be considered a refusal to submit to a test and the consequences
- The consequences for violations including removal from safety-sensitive functions
- The return-to-duty process following a violation of the DOT regulations and this policy
- The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04
- Information on the affects of alcohol and controlled substances use on: an individual's health, work, personal life, signs and symptoms of a problem, and available methods of intervening when a problem is suspected.
- The requirement that driver's report any use of controlled substances to the County's Designated Employer Representative.

16.3 Attached to this policy as Attachment 3 is information about the effects of alcohol and the various controlled substances.

17. CIVIL SERVICE RULES/OTHER RULES AND POLICIES

Nothing in this policy should be construed to limit, remove, expand or in any way alter:

17.1 The existing or future jurisdiction or authority of the Civil Service Commission as provided in Sonoma County Ordinance NO. 305-A as amended or as provided in the rules adopted there under.

17.2 The viability of the Drug and Alcohol policy adopted by the County, Agency, or District pursuant to the Rules and Regulations of the Federal Transit Authority.

17.3 The viability of the County, Agency or District's adoption of any Alcohol and Drug-Free Work Place Acts.

17.4 The County, Agency and District's general policy prohibiting the presence and use of alcohol and drugs in the workplace.

18. PROGRAM CONTACT INFORMATION

18.1 DOT DEPARTMENT DESIGNEE

All questions from employees regarding the training, processes and procedures relating to the DOT Alcohol and Controlled Substances Testing Program should be referred to their department safety coordinator.

18.2 DOT ALCOHOL AND CONTROLLED SUBSTANCES TESTING PROGRAM ADMINISTRATOR

All questions from employees regarding their rights and obligations under this policy should be referred to the DOT Alcohol Program Administrator:

Steve Stevenson
Phone: 707-565-3208
Email: Steve.Stevenson@sonoma-county.org

18.3 DESIGNATED EMPLOYER REPRESENTATIVE (DER)

As required under Section 8.5 of this policy, employees should contact the DER to report the use of any controlled substances. In addition, the DER is the person designated to answer any questions regarding the testing process or test results:

Terilynn Bench
Phone: (707) 565-3553
Email: Terilynn.Bench@sonoma-county.org

18.4 EMPLOYEE ASSISTANCE PROGRAM

Employees may contact MHN free of charge 7 days a week/24 hours a day for referrals and assistance.

MHN
Phone: (800) 227-1060
Website: http://www.members.mhn.com Note: When accessing MHN's website, use the County "Access Code" which is sonomacounty

ATTACHMENT 1 – PART 1308 SCHEDULE OF CONTROLLED SUBSTANCES

TITLE 21--FOOD AND DRUGS
CHAPTER II--DRUG ENFORCEMENT ADMINISTRATION
DEPARTMENT OF JUSTICE

Sec. 1308.11 Schedule I

(a) Schedule I shall consist of the drugs and other substances, by whatever official name, common or usual name, chemical name, or brand name designated, listed in this section. Each drug or substance has been assigned the DEA Controlled Substances Code Number set forth opposite it.

(b)*Opiates.* Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation (for purposes of paragraph (b)(34) only, the term isomer includes the optical and geometric isomers):

(1) Acetyl-alpha-methylfentanyl (*N*-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-*N*-phenylacetamide)	9815
(2) Acetylmethadol	9601
(3) Allylprodine	9602
(4) Alphacetylmethadol (except levo-alphacetylmethadol also known as levo-alpha-acetylmethadol, levomethadyl acetate, or LAAM)	9603
(5) Alphameprodine	9604
(6) Alphamethadol	9605
(7) Alpha-methylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine)	9814
(8) Alpha-methylthiofentanyl (*N*-[1-methyl-2-(2-thienyl)ethyl-4-piperidinyl]-*N*-phenylpropanamide)	9832
(9) Benzethidine	9606
(10) Betacetylmethadol	9607
(11) Beta-hydroxyfentanyl (*N*-[1-(2-hydroxy-2-phenethyl)-4-piperidinyl]-*N*-phenylpropanamide)	9830
(12) Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidinyl]-N-phenylpropanamide	9831
(13) Betameprodine	9608
(14) Betamethadol	9609
(15) Betaprodine	9611
(16) Clonitazene	9612
(17) Dextromoramide	9613
(18) Diampromide	9615
(19) Diethylthiambutene	9616
(20) Difenoxin	9168
(21) Dimenoxadol	9617
(22) Dimepheptanol	9618
(23) Dimethylthiambutene	9619
(24) Dioxaphetyl butyrate	9621
(25) Dipipanone	9622
(26) Ethylmethylthiambutene	9623
(27) Etonitazene	9624
(28) Etoxeridine	9625
(29) Furethidine	9626
(30) Hydroxypethidine	9627
(31) Ketobemidone	9628
(32) Levomoramide	9629

(33) Levophenacylmorphan	9631
(34) 3-Methylfentanyl (*N*-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-*N*-phenylpropanamide)	9813
(35) 3-methylthiofentanyl (*N*-[(3-methyl-1-(2-thienyl)ethyl-4-piperidinyl]-*N*-phenylpropanamide)	9833
(36) Morpheridine	9632
(37) MPPP (1-methyl-4-phenyl-4-propionoxypiperidine)	9661
(38) Noracymethadol	9633
(39) Norlevorphanol	9634
(40) Normethadone	9635
(41) Norpipanone	9636
(42) Para-fluorofentanyl (*N*-(4-fluorophenyl)-*N*-[1-(2-phenethyl)-4-piperidinyl] propanamide	9812
(43) PEPAP (1-(-2-phenethyl)-4-phenyl-4-acetoxypiperidine	9663
(44) Phenadoxone	9637
(45) Phenampromide	9638
(46) Phenomorphan	9647
(47) Phenoperidine	9641
(48) Piritramide	9642
(49) Proheptazine	9643
(50) Properidine	9644
(51) Propiram	9649
(52) Racemoramide	9645
(53) Thiofentanyl (*N*-phenyl-*N*-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide	9835
(54) Tilidine	9750
(55) Trimeperidine	9646

(c)*Opium derivatives.* Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Acetorphine	9319
(2) Acetyldihydrocodeine	9051
(3) Benzylmorphine	9052
(4) Codeine methylbromide	9070
(5) Codeine-N-Oxide	9053
(6) Cyprenorphine	9054
(7) Desomorphine	9055
(8) Dihydromorphine	9145
(9) Drotebanol	9335
(10) Etorphine (except hydrochloride salt)	9056
(11) Heroin	9200
(12) Hydromorphinol	9301
(13) Methyldesorphine	9302
(14) Methyldihydromorphine	9304
(15) Morphine methylbromide	9305
(16) Morphine methylsulfonate	9306
(17) Morphine-N-Oxide	9307
(18) Myrophine	9308
(19) Nicocodeine	9309

(20) Nicomorphine	9312
(21) Normorphine	9313
(22) Pholcodine	9314
(23) Thebacon	9315

(d)*Hallucinogenic substances.* Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation, which contains any quantity of the following hallucinogenic substances, or which contains any of its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation (for purposes of this paragraph only, the term "isomer" includes the optical, position and geometric isomers):

(1) Alpha-ethyltryptamine	7249
Some trade or other names: etryptamine; Monase; [alpha]-ethyl-1H-indole-3-ethanamine; 3-(2-aminobutyl) indole; [alpha]-ET; and AET.	
(2) 4-bromo-2,5-dimethoxy-amphetamine	7391
Some trade or other names: 4-bromo-2,5-dimethoxy-[alpha]-methylphenethylamine; 4-bromo-2,5-DMA	
(3) 4-Bromo-2,5-dimethoxyphenethylamine	7392
Some trade or other names: 2-(4-bromo-2,5-dimethoxyphenyl)-1-aminoethane; alpha-desmethyl DOB; 2C-B, Nexus.	
(4) 2,5-dimethoxyamphetamine	7396
Some trade or other names: 2,5-dimethoxy-[alpha]-methylphenethylamine; 2,5-DMA	
(5) 2,5-dimethoxy-4-ethylamphet-amine	7399
Some trade or other names: DOET	
(6) 2,5-dimethoxy-4-(n)-propylthiophenethylamine (other name: 2C-T-7)	7348
(7) 4-methoxyamphetamine	7411
Some trade or other names: 4-methoxy-[alpha]-methylphenethylamine; paramethoxyamphetamine, PMA	
(8) 5-methoxy-3,4-methylenedioxy-amphetamine	7401
(9) 4-methyl-2,5-dimethoxy-amphetamine	7395
Some trade and other names: 4-methyl-2,5-dimethoxy-[alpha]-methylphenethylamine; "DOM"; and "STP"	
(10) 3,4-methylenedioxy amphetamine	7400
(11) 3,4-methylenedioxymethamphetamine (MDMA)	7405
(12) 3,4-methylenedioxy-N-ethylamphetamine (also known as N-ethyl-alpha-methyl-3,4(methylenedioxy)phenethylamine, N-ethyl MDA, MDE, MDEA	7404
(13) N-hydroxy-3,4-methylenedioxyamphetamine (also known as N-hydroxy-alpha-methyl-3,4(methylenedioxy)phenethylamine, and N-hydroxy MDA	7402
(14) 3,4,5-trimethoxy amphetamine	7390
(15) 5-methoxy-N,N-dimethyltryptamine Some trade or other names: 5-methoxy-3-[2-(dimethylamino)ethyl]indole; 5-MeO-DMT	7431
(16) Alpha-methyltryptamine (other name: AMT)	7432
(17) Bufotenine	7433
Some trade and other names: 3-([beta]-Dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethylaminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N,N-dimethyltryptamine; mappine	
(18) Diethyltryptamine	7434
Some trade and other names: N,N-Diethyltryptamine; DET	
(19) Dimethyltryptamine	7435
Some trade or other names: DMT	
(20) 5-methoxy-N,N-diisopropyltryptamine (other name: 5-MeO-DIPT)	7439
(21) Ibogaine	7260
Some trade and other names: 7-Ethyl-6,6[beta],7,8,9,10,12,13-octahydro-2-methoxy-6,9-methano-5H-pyrido	

[1', 2':1,2] azepino [5,4-b] indole; Tabernanthe iboga	
(22) Lysergic acid diethylamide	7315
(23) Marihuana	7360
(24) Mescaline	7381
(25) Parahexyl--7374; some trade or other names: 3-Hexyl-1-hydroxy-7,8,9,10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl.	
(26) Peyote	7415
Meaning all parts of the plant presently classified botanically as*Lophophora williamsii Lemaire,*whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts	
(Interprets 21 USC 812(c), Schedule I(c) (12))	
(27) N-ethyl-3-piperidyl benzilate	7482
(28) N-methyl-3-piperidyl benzilate	7484
(29) Psilocybin	7437
(30) Psilocyn	7438
(31) Tetrahydrocannabinols	7370
Meaning tetrahydrocannabinols naturally contained in a plant of the genus Cannabis (cannabis plant), as well as synthetic equivalents of the substances contained in the cannabis plant, or in the resinous extractives of such plant, and/or synthetic substances, derivatives, and their isomers with similar chemical structure and pharmacological activity to those substances contained in the plant, such as the following:	
1 cis or trans tetrahydrocannabinol, and their optical isomers	
6 cis or trans tetrahydrocannabinol, and their optical isomers	
3, 4 cis or trans tetrahydrocannabinol, and its optical isomers	
(Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered.)	
(32) Ethylamine analog of phencyclidine	7455
Some trade or other names: N-ethyl-1-phenylcyclohexylamine, (1-phenylcyclohexyl)ethylamine, N-(1-phenylcyclohexyl)ethylamine, cyclohexamine, PCE	
(33) Pyrrolidine analog of phencyclidine	7458
Some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine, PCPy, PHP	
(34) Thiophene analog of phencyclidine	7470
Some trade or other names: 1-[1-(2-thienyl)-cyclohexyl]-piperidine, 2-thienylanalog of phencyclidine, TPCP, TCP	
(35) 1-[1-(2-thienyl)cyclohexyl]pyrrolidine	7473
Some other names: TCPy	

(e)*Depressants.* Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) gamma-hydroxybutyric acid (some other names include GHB; gamma-hydroxybutyrate; 4-hydroxybutyrate; 4-hydroxybutanoic acid; sodium oxybate; sodium oxybutyrate)	2010
(2) Mecloqualone	2572
(3) Methaqualone	2565

(f)*Stimulants.* Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of isomers:

(1) Aminorex (Some other names: aminoxaphen; 2-amino-5-phenyl-2-oxazoline; or 4,5-dihydro-5-phenly-2-oxazolamine)	1585

(2) N-Benzylpiperazine (some other names: BZP, 1-benzylpiperazine)	7493
(3) Cathinone	1235
Some trade or other names: 2-amino-1-phenyl-1-propanone, alpha-aminopropiophenone, 2-aminopropiophenone, and norephedrone	
(4) Fenethylline	1503
(5) Methcathinone (Some other names: 2-(methylamino)-propiophenone; alpha-(methylamino)propiophenone; 2-(methylamino)-1-phenylpropan-1-one; alpha-*N*-methylaminopropiophenone; monomethylpropion; ephedrone;*N*-methylcathinone; methylcathinone; AL-464; AL-422; AL-463 and UR1432), its salts, optical isomers and salts of optical isomers	1237
(6) (+/-)*cis*-4-methylaminorex ((+/-)*cis*-4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine)	1590
(7) N-ethylamphetamine	1475
(8)*N,N*-dimethylamphetamine (also known as*N,N*-alpha-trimethyl-benzeneethanamine;*N,N*-alpha-trimethylphenethylamine)	1480

(g)*Temporary listing of substances subject to emergency scheduling.* Any material, compound, mixture or preparation which contains any quantity of the following substances:
(1) 5-(1,1-Dimethylheptyl)-2-[(1*R,* 3*S*)-3-hydroxycyclohexyl]-phenol, its optical, positional, and geometric isomers, salts and salts of isomers--7297 (Other names: CP-47,497)
(2) 5-(1,1-Dimethyloctyl)-2-[(1*R,* 3*S*)-3-hydroxycyclohexyl]-phenol, its optical, positional, and geometric isomers, salts and salts of isomers--7298 (Other names: cannabicyclohexanol and CP-47,497 C8 homologue)
(3) 1-Butyl-3-(1-naphthoyl)indole, its optical, positional, and geometric isomers, salts and salts of isomers--7173 (Other names: JWH-073)
(4) 1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole, its optical, positional, and geometric isomers, salts and salts of isomers--7200 (Other names: JWH-200)
(5) 1-Pentyl-3-(1-naphthoyl)indole, its optical, positional, and geometric isomers, salts and salts of isomers--7118 (Other names: JWH-018 and AM678)
(6) 4-methyl-N-methylcathinone--1248
(Other names: mephedrone)
(7) 3,4-methylenedioxy-N-methylcathinone--7540
(Other names: methylone)
(8) 3,4-methylenedioxypyrovalerone--7535
(Other names: MDPV)
[39 FR 22141, June 20, 1974]

Editorial Note:
For Federal Register citations affecting 1308.11, see the List of CFR Sections Affected, which appears in the Finding Aids section of the printed volume and at*www.fdsys.gov* .

ATTACHMENT 2 - CONDUCT OF TESTING

CONTROLLED SUBSTANCES TESTING

Controlled substance testing required under the Department of Transportation regulations will be conducted in accordance with these procedures:

1. The collector will explain the testing procedure to the employee.

2. An employee or applicant being tested will be informed in writing immediately prior to the collection of the urine specimen that their urine sample will be tested for the five prohibited drugs (Cocaine, PCP, amphetamines, marijuana and opiates) and their metabolites. The notice will also inform the employee or applicant of the consequences of a positive test and of failure to comply with the requirements for conducting the test.

3. The employee will provide the urine sample in a private stall unless one of the following conditions exists, requiring the provision of a specimen under direct observation:

    3.1 The temperature of the urine sample is outside established temperature ranges.

    3.2 The last sample from the employee was determined by the laboratory to be invalid and the Medical Review Officer (MRO) reports there was not an adequate medical explanation.

    3.3 An original positive, adulterated, or substituted test had to be cancelled because the test of the split specimen could not be performed.

    3.4 The specimen was a negative-dilute with a creatinine concentration greater than or equal to 2 mg/dL but less than or equal to 5 mg/dL and the MRO directs that a second collection be done under direct observation.

    3.5 The collector observes materials brought to the collection site or the employee's conduct clearly indicates an attempt to tamper with a specimen.

    3.6 The original specimen appears to have been tampered with (e.g., blue dye in specimen, excessive foaming when shaken, smell of bleach, etc.).

    3.7 The controlled substances test is a return to duty or follow-up test.

4. The collector is responsible for taking steps to ensure that a urine specimen is not adulterated or diluted during the collection procedure and that information on the urine bottle and on the urine control and custody form can identify the individual from whom the specimen was collected. The following steps will be taken to ensure the integrity and identity of the specimen:

    4.1 The site will be inspected for soap, disinfectants, or other possible adulterants and to ensure undetected access is not possible and that areas or items that appear suitable for concealing contaminants are secured.

    4.2 Toilet bluing agents will be placed in the toilet bowl and tank.

    4.3 All water sources in the enclosure where the sample is taken will be secured.

    4.4 Prior to collecting the sample, the collector will positively identify the employee as the employee selected for testing through presentation of a photo identification or identification by the employer's representative. On the employee's request, the collection site person will also provide identification.

4.5 The employee will be instructed to remove outer garments, such as a coat or jacket that might be used to conceal items or substances that could be used to tamper with or adulterate the specimen. The employee will be required to leave these garments and any briefcase, purse, or other belongings in a mutually agreeable location. If requested by the employee, the collector will provide a receipt for these items.

4.6 The employee will be instructed to empty his or her pockets and display contents to ensure no items are present that could be used to adulterate the specimen. After the collector ensures no items are present that could be used to adulterate the specimen, the employee may return the items to his or her pockets.

4.7 The employee will be instructed to wash and dry his or her hands prior to providing a specimen. After the employee washes his or her hands, he or she may not wash their hands again until the collection process is completed.

4.8 The employee will be asked to choose a sealed collection kit.

4.9 The employee or the collector, with the employee present, will un-wrap and break the seal of the collection container.

5. The collector will set a reasonable time limit for providing a specimen and will direct the employee to go into the room for sample collection, and to provide a specimen of at least 45 mL. In addition the employee will be instructed to not flush the toilet, and to bring the sample to the collector as soon as the specimen has been provided.

6. If the collector observes conduct that clearly indicates an attempt to tamper with a specimen, he or she will note on the custody and control form and direct an immediate recollection under observation.

7. In the exceptional event that a collection site is not accessible and there is an immediate requirement for specimen collection (i.e. a post-accident test), a public restroom may be used.

7.1 If using a public restroom, the collector must also ensure that:

7.1.1 Access to collection materials and specimens is effectively restricted.

7.1.2 The facility is secured against access during the procedure.

7.2 If a multi-stall restroom must be used and the collector is unable to secure the site, a monitored test must be conducted.

7.2.1 The monitor must be a medical professional or of the same gender as the employee, and will accompany the employee into the public restroom.7.2.2 The monitor will remain in the restroom, but outside the stall, until the specimen is collected.

8. After the collector has possession of the specimen, the employee will be instructed to participate in completing the chain of custody procedures.

9. The collector will use a split sample method of collection. In the presence of the employee, the collector will split the specimen into 2 samples, one of 30 ml, to be used as the primary sample, and one of at least 15 ml to be used as the split sample. The collector will then secure and seal the samples, write the date on the tamper evident seals, and have the employee initial the tamper evident seals.

10. If the employee is unable to provide at least 45 mL of urine, the collection site personnel shall instruct the employee to drink up to 40 ounces of fluids, and within the next 3 hours attempt to provide a complete sample using a new collection container. The original sample will be discarded.

10.1 If the employee is still unable to provide an adequate specimen, the insufficient sample will be discarded, testing discontinued and the Designated Employer Representative (DER) notified.

10.2 The DER, after consulting with the Medical Review Officer (MRO) will direct the employee to obtain a medical evaluation from a licensed physician acceptable to the MRO, who has expertise in the medical issues raised

10.2.1 The MRO will provide the physician with information and instructions outlined in 49.193(c)(1).

10.2.2 The physician will conduct an evaluation and provide a recommendation to the MRO who will determine whether or not a medical condition would likely preclude the employee from providing a sufficient amount of urine.

10.2.3 The MRO will report his or her determination to the DER in writing.

11. Within 4 minutes of providing the sample, the collector will measure the temperature of the specimen. If the temperature is outside the range established by the DOT, the collector will note this on the custody and control form and will direct an immediate retest under observation. Both chain of custody forms and specimens (the original and the second specimen) will be forwarded to the laboratory for testing.12. If the result of the primary specimen is positive, the Medical Review Officer (MRO) will contact the employee by telephone to conduct the verification interview.

12.1 If the MRO has made three or more attempts in 24-hours and has been unable to reach the employee for the verification interview, the MRO will document this fact and contact the County's DER. The DER will attempt to reach the employee and direct that they contact the MRO within 72 hours.

12.2 If, after making all reasonable efforts, the DER is unable to speak with the employee in person or on the phone, the DER will notify the employee by voicemail, email and/or letter that they must contact the MRO within 72 hours, and the consequences for failing to contact the MRO.

12.3 If, after all reasonable efforts have been made, the employee has not contacted the MRO within ten days from the date the MRO received the positive result from the laboratory, the MRO will report the result as a positive to the DER.

13. The employee may request, within 72 hours of being notified of the test result, that the MRO direct that the split specimen be tested in a different HHS Certified lab for presence of the drug(s) for which a positive result was obtained. The result of the test of the split specimen is transmitted by the second laboratory to the MRO.

13.1 If the test of the split sample fails to reconfirm the presence of the drug(s) or drug metabolite(s) found in the primary specimen, the MRO shall cancel the test and report cancellation and the reasons for it to the employee, the County's Designated Employer Representative (DER) and the Department of Transportation.

13.2 If the employee has not contacted the MRO within 72 hours of being notified of a verified positive test, the employee may present to the MRO information documenting that serious illness, injury, inability to contact the MRO, lack of actual notice of the verified positive test, or other circumstances unavoidably prevented the employee from contacting the MRO in time.

13.3 If the MRO concludes that there is a legitimate explanation for the employee's failure to contact the MRO within 72 hours, the MRO shall direct that the analysis of the split specimen to be performed.

13.4 If the MRO concludes that there is no legitimate explanation for the employee's failure to contact the MRO within 72 hours, the MRO is not required to direct the analysis of the split sample to be performed.

13.5 Action required by the Department of Transportation (e.g. removal from a safety sensitive function) is not delayed pending the result of the test of the split sample.

13.6 The split sample test results will be sent from the laboratory to the Medical Review Officer (MRO). The MRO will inform the employee, department and Risk Management of the confirmed test result.

ALCOHOL TESTING

Alcohol testing required under the Department of Transportation regulations will be conducted in accordance with these procedures:

1. Alcohol tests are performed on breath specimens collected by an Evidential Breath Testing (EBT) device being operated by a Breath Alcohol Technician (BAT).

2. The employee or applicant will be asked to provide the BAT with positive identification (photo identification, supervisor identification). At the employee's request, the BAT will also provide identification.

3. The BAT will explain the testing procedure to the employee.

4. Part of the test is completing the Breath Alcohol Testing form. The BAT will complete Part 1 and the employee will complete Part 2.

   4.1 Refusal by the employee to complete Part 2 of the form will be considered refusal to take the test.

5. The BAT will open an individually-sealed disposable mouthpiece in view of the employee and attach the mouthpiece to the EBT in accordance with the manufacturer's instructions.

6. The BAT will instruct the employee to blow forcefully into the mouthpiece for at least 6 seconds, or until the EBT indicates that an adequate amount of breath has been obtained.

7. The EBT will generate a printed report of the results including the unique test number which the BAT will show to the employee.

8. If the result of the screening shows an alcohol concentration of less than .02, the BAT will sign the certification on Part 3 of the form and notify the DER of the result.

8. If the result of the screening shows an alcohol concentration of .02 or higher, a confirmation test will be conducted.

   8.1 There will be a waiting period of at least 15 and no more than 30 minutes from the completion of the initial screening test.

   8.2 The BAT shall instruct the employee not to eat, drink, put any object or substance in his or her mouth (e.g. cigarette or chewing gum), and to the extent possible not belch during the waiting period. The reason for this requirement will be explained to the employee (i.e. to prevent any accumulation of mouth alcohol leading to an artificially high reading).

   8.3 The employee will be told by the BAT that the confirmation test will be conducted at the end of the waiting period, even if the employee has disregarded the instruction. If the BAT becomes aware that the employee has not complied with the instructions, the BAT will note the non-compliance in the "Remarks" section of the form.

   8.4 The confirmation test will be administered in the same manner as the original test, including the use of a new mouthpiece. Prior to administering the confirmation test, the BAT will ensure that the EBT

registers 0.00 on an air blank. If the BAT has two consecutive air blanks of more than 0.00, then that instrument shall not be used. The test may continue with another instrument.

9 In the event that the screening and confirmation test results are different, the confirmation test result is considered the final result of the test.

10. The BAT will transmit all test results to the DER in a confidential manner.

ATTACHMENT 3 – EFFECTS OF ALCOHOL & CONTROLLED SUBSTANCES USE

Section 382.601(b)(11) FMCSR mandates that all employees be provided with training material discussing the effects of alcohol and controlled substance use on an individual's health, work, and personal life. The following information is intended to help individuals understand the consequences of alcohol and substance abuse.

ALCOHOL
Although used routinely as a beverage for enjoyment, alcohol can also have negative physical and mood-altering effects when abused. These physical or mental alterations in a driver may have serious personal and public safety risks.

Health Effects
An average of three or more servings per day of beer (12 oz.), whiskey (1 oz.), or wine (6 oz.) over time may result in the following health hazards:

- Dependency
- Fatal liver diseases
- Kidney disease
- Pancreatitis
- Ulcers
- Decreased sexual functions
- Increased cancers of the mouth, tongue, pharynx, esophagus, rectum and breast
- Malignant melanoma
- Spontaneous abortion and neonatal mortality

Social Issues

- 2-3% of the driving population are legally drunk at any one time. This rate doubles during nights and weekends.
- 2/3 of all Americans will be involved in an alcohol-related accident during their lifetime.
- The separation and divorce rate in families with alcohol dependency problems is 7 times the average.
- 40% of family court cases are alcohol-related.
- Alcoholics are 15 times more likely to commit suicide.
- More than 60% of burns, 40% of falls, 69% of boating accidents, and 76% of private aircraft accidents are alcohol-related.
- Over 17,000 fatalities occurred in 1993 in highway accidents, which were alcohol-related. This was 43% of all highway fatalities.
- 30,000 people will die each year from alcohol caused liver disease.
- 10,000 people will die each year due to alcohol-related brain disease and suicide.
- Up to 125,000 people die each year due to alcohol-related conditions or accidents.

Workplace Issues

- It takes one hour for the average person (150 pounds) to process one serving of alcohol from the body.
- Impairment can be measured with as little as two drinks in the body.
- A person who is legally intoxicated is 6 times more likely to have an accident than a sober person is.

ALCOHOL'S TRIP THROUGH THE BODY
Mouth and Esophagus: Alcohol is an irritant to the delicate linings of the throat and food pipe. It burns as it goes down.

Stomach and Intestines: Alcohol has an irritating effect on the stomach's protective lining, resulting in gastric or duodenal ulcers. This condition, if it becomes acute, can cause peritonitis, or perforation of the stomach wall. In the small intestine, alcohol blocks absorption of such substances as thiamin, folic acid, fat, vitamin B1, vitamin B12 and amino acids.

Bloodstream: 95% of the alcohol taken into the body is absorbed into the bloodstream through the lining of the stomach and duodenum. Once in the bloodstream alcohol quickly goes to every cell and tissue in the body. Alcohol causes red blood cells to clump together in sticky wads, slowing circulation and depriving tissues of oxygen. It also caused anemia by reduction of red blood cell production. Alcohol slows the ability of white cells to engulf and destroy bacteria and degenerates the clotting ability of blood platelets.

Pancreas: Alcohol irritates the cells of the pancreas, causing them to swell, thus blocking the flow of digestive enzymes. The chemicals, unable to enter the small intestine, begin to digest the pancreas, leading to acute hemorrhagic pancreatitis. One out of five patients who develop this disease die during the first attack. Pancreatitis can destroy the pancreas and cause a lack of insulin thus resulting in diabetes.

Liver: Alcohol inflames the cells of the liver, causing them to swell and block the tiny canal to the small intestines. This prevents bile from being filtered properly through the liver. Jaundice develops, turning the whites of the eyes and skin yellow. Each drink of alcohol increases the number of live cells destroyed, eventually causing cirrhosis of the liver. This disease is eight times more frequent among alcoholics than among non-alcoholics.

Heart: Alcohol causes inflammation of the heart muscle. It has a toxic effect on the heart and causes increased amounts of fat to collect, thus disrupting its normal metabolism.

Urinary Bladder and Kidneys: Alcohol inflames the lining of the urinary bladder making it unable to stretch properly. In the kidneys, alcohol causes increased loss of fluids through its irritating effect.

Brain: The most dramatic and noticed effect of alcohol is on the brain. It depresses brain centers, producing loss of coordination: confusion, disorientation, stupor, anesthesia, coma and possibly death. Alcohol kills brain cells and brain damage is permanent. Drinking over a period of time causes loss of memory, judgment and learning ability.

CONTROLLED SUBSTANCES

Marijuana

Health Effects

- Emphysema-like conditions
- One joint of marijuana contains cancer-causing substances equal to 1/2 pack of cigarettes.
- One joint causes the heart to race and overwork. People with heart conditions are at risk.
- Marijuana is commonly contaminated with the fungus aspergillus, which can cause serious respiratory tract and sinus infections.
- Marijuana lowers the body's immune system response making users more susceptible to infection.
- Chronic smoking causes changes in brain cells and brain waves. The brain does not work as efficiently or effectively. Long-term brain damage may occur.
- Tetrahydrocannabinol (THC) and 60 other chemicals in marijuana concentrate in the ovaries and testes.
- Chronic smoking of marijuana in males causes a decrease in testosterone and an increase in estrogen, the female hormone. Therefore, the sperm count is reduced, leading to temporary sterility.
- Chronic smoking of marijuana in females causes a decrease in fertility.
- A higher than normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life are common in pregnant marijuana smokers.
- THC causes birth defects including brain damage, spinal cord, forelimbs, liver, and water on the brain and spine in test animals.
- Prenatal exposure may cause underweight newborns.
- Fetal exposure may decrease visual functioning.
- User's mental function can display the following effects:
    - delayed decision making
    - diminished concentration
    - impaired short-term memory
    - impaired signal detection
    - impaired tracking
    - erratic cognitive function

distortion of time estimation

Workplace Issues
- THC is stored in body fat and slowly released.
- Marijuana smoking has long-term effects on performance.
- Increased THC potency in modern marijuana increases the impairment.
- Combining alcohol or other depressant drugs with marijuana increases impairment.

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

Health Effects
- Regular use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing damage to critical nerve cells.
- Parkinson's Disease could also occur.
- Cocaine causes the heart to beat faster, harder, and rapidly increases blood pressure. It also causes spasms of blood vessels in the brain and heart. Both lead to ruptured vessels causing strokes and heart attacks.
- Strong dependency can occur with one "hit" of cocaine. Usually mental dependency occurs within days for "crack" or within several months for snorting coke. Cocaine causes the strongest mental dependency of all the drugs.
- Treatment success rates are lower than other chemical dependencies.
- Extremely dangerous when taken with other depressant drugs. Death due to overdose is rapid.
- Fatal effects are usually not reversible by medical intervention.

Workplace Issues
- Extreme mood and energy swings create instability. Sudden noise causes a violent reaction.
- Lapses in attention and ignoring warning signals increases probability of accidents.
- High cost frequently leads to theft and/or dealing.
- Paranoia and withdrawal may create unpredictable or violent behavior.
- Performance is characterized by forgetfulness, absenteeism, tardiness and missing assignments.

Opiates
Narcotic drugs that alleviate pain and depress body functions and reactions.

Health Effects
- Intravenous users have a high risk of contracting hepatitis or AIDS when sharing needles.
- Increased pain tolerance. As a result, a person may more severely injure themselves and fail to seek medical attention as needed.
- Narcotic effects are multiplied when combined with other depressants causing an increased risk for an overdose.
- Because of tolerance, there is an ever increasing need for more.
- Strong mental and physical dependency occurs.
- With increased tolerance and dependency combined, there is a serious financial burden for the user.

Workplace Issues
- Side effect such as nausea, vomiting, dizziness, mental clouding and drowsiness place the user at high risk for an accident.
- Causes impairment of physical and mental functions.

Amphetamines
Central nervous system stimulant that speeds up the mind and body.

Health Effects

- Regular use causes strong psychological dependency and increased tolerance.
- High doses may cause toxic psychosis resembling schizophrenia.
- Intoxication may induce a heart attack or stroke due to increased blood pressure.
- Chronic use may cause heart or brain damage due to severe constriction of capillary blood vessels.
- Euphoric stimulation increases impulsive and risk taking behavior, including bizarre and violent acts.
- Withdrawal may result in severe physical and mental depression.

Workplace Issues
- Since the drug alleviates the sensation of fatigue, it may be abused to increase alertness during periods of overtime or failure to get rest.
- With heavy use or increasing fatigue, the short-term mental or physical enhancement reverses and becomes an impairment.

Phencyclidine (PCP)
Often used as a large animal tranquilizer and abused primarily for its mood altering effects. Low doses produce sedation and euphoric mood changes. Mood can rapidly change from sedation to excitation and agitation. Larger doses may produce a coma-like condition with muscle rigidity and a blank stare. Sudden noises or physical shocks may cause a "freak out" in which the person has abnormal strength, violent behavior, and an inability to speak or comprehend.

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, when combined with other depressants, including alcohol, increases the possibility of an overdose.
- If misdiagnosed as LSD induced, and treating with thorazine, can be fatal.
- Irreversible memory loss, personality changes, and thought disorders may result.

Workplace Issues
- Not common in workplace primarily because of the severe disorientation that occurs.
- There are four phases to PCP abuse:
  Acute toxicity causing combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distorted perception are common.
  Toxic psychosis with visual and auditory delusions, paranoia and agitation.
  Drug induced schizophrenia.
  Induced depression, which may create suicidal tendencies and mental dysfunction.