

**1473.01 ALCOHOL AND ILLICIT DRUG USE –
REASONABLE SUSPICION PROCEDURE**

This procedure is applicable to all NMC operations except as otherwise required by the Aviation and Maritime divisions and their applicable federal requirements.

If there is reasonable suspicion that an employee is working while under the influence of an illegal drug or alcohol, the employee will be suspended with pay until the results of a drug and alcohol test are made available to NMC by the College's contracted testing laboratory. There will be no adverse employment action taken before the test results are received.

Alcohol and drug testing will be conducted whenever there is "reasonable suspicion" of drug or alcohol use. It is possible for a test for alcohol or drug use to be conducted after an accident, but only if it is based upon reasonable suspicion, rather than the fact that an accident occurred.

Reasonable suspicion will normally be based on a supervisor's personal observation of the employee or other relevant factors indicating alcohol or drug use (use attached form for help in determining reasonable suspicion). It is recommended that a supervisor involve another supervisor in the reasonable suspicion assessment. Reasonable suspicion for alcohol use may also be based upon results of an on-site alcohol test. Factors that can be used to evaluate reasonable suspicion for drug or alcohol use include, but are not limited to, observing: 1) slurred speech; 2) difficulty concentrating while on the job; 3) appearance of disorientation; 4) staggering or stumbling; and 5) drowsiness and sleeping on the job. Odor of alcohol on the breath can constitute reasonable suspicion of alcohol use. Odor of marijuana use can constitute reasonable suspicion of marijuana use.

Although not required, a Department of Transportation (D.O.T.)-approved alcohol test may be used as an on-site screen for alcohol use. A test sensitive to a blood alcohol concentration of .02 must be utilized. If the on-site screen indicates a level of alcohol greater than .02, then the employee shall be given an alcohol test using an accepted Evidentiary Breath Screening Device or other accepted means of testing for alcohol use. No disciplinary decision should be based solely upon the results of an alcohol test used as an on-site screen for alcohol use. Instead, an on-site alcohol test should only be utilized as a means to determine whether an employee should be tested using approved technologies, such as an accepted Evidentiary Breath Screening Device.

If it is determined that there is reasonable suspicion of drug or alcohol use or a positive on-site alcohol screen, the employee will be driven to the facility that NMC contracts with for testing services. A phone call must be made to the facility to alert them that an employee is being brought in for drug and alcohol use testing.

<u>7:30 a.m. – 5:00 p.m.</u>	<i>Munson Occupational Health & Medicine Clinic,</i>	935-8590
	<i>Contact: Clerk/Scheduler</i>	
<u>5:00 p.m. – 10:00 p.m.</u>	<i>Munson North Urgent Care Clinic,</i>	935-8712
	<i>Contact: Staff Nurse</i>	
<u>10:00 p.m. – 7:30 a.m.</u>	<i>Munson Emergency Room,</i>	935-6333
	<i>Contact: Staff Nurse</i>	

Any employee brought to an NMC-contracted facility will be tested for both alcohol and illicit drug levels. These facilities conduct drug and alcohol testing in accordance with D.O.T. guidelines for collection procedures, and all urine drug screens will be done as a split sample.

The employee will be required to voluntarily submit to testing. Refusing to submit to testing will be treated the same as a positive test result, and shall constitute grounds for termination of employment. The employee will then be driven to (or cab transportation provided to) the employee's home. The remaining time in the shift is unpaid for hourly employees.

If an employee tests positive for illicit drug use or if the results of an alcohol test indicate a level greater than .04, this shall constitute grounds for termination of employment. If the result of an alcohol test is between .02 and .04, the employee shall be referred to NMC's Employee Assistance Program for evaluation. The employee shall be required to sign a last chance agreement and fully cooperate with his or her rehabilitation. The failure or refusal to sign a last chance agreement or fully cooperate with rehabilitation shall constitute grounds for termination of employment.

If the employee does not successfully complete a prescribed program, or refuses to participate in a prescribed program, he or she will be terminated. In addition, if a confirmed illicit drug and/or alcohol positive test result follows a previously confirmed illicit drug and/or alcohol positive test result, employment will be terminated.

Notice of Results

If the employee submits to a drug or alcohol test, NMC will notify him or her of the results within 48 hours after NMC receives the results from Munson's Medical Review Officer or Munson Occupational Health staff. To preserve the confidentiality NMC strives to maintain, Human Resources will notify the employee whether the test was negative or confirmed positive and, if confirmed positive, what the next steps will be. The referral and test results will be kept in the employee's confidential personnel file.

Positive Test Results

If the employee receives notice that the test results were confirmed positive, he or she will be given the opportunity to explain the positive results during the work day following receipt of the test results. An employee who questions the results of a confirmed positive drug test may request an additional test be conducted using the split sample provided at the time of the original sample. The request must be made within 72 hours of initial test results. The employee will pay all costs for a retest on the split sample unless the second test invalidates the original test.

Confidentiality

NMC will make every effort to keep the results of drug and alcohol tests confidential. Only persons with a "need to know" will have access to the results. The employee will be asked for consent before test results are released to anyone else. Test results may be used in arbitration, administrative hearings, and court cases arising as a result of the employee drug testing. Also, results will be sent to federal agencies as required by federal law. If referred to a treatment facility for evaluation, the employee's test results will also be made available to his or her counselor.

Costs

If NMC requires or requests the employee submit to any drug and alcohol testing, the College will pay the cost. Any additional tests that the employee requests will be paid for by the employee, including testing required as part of a rehabilitation or follow-up program, and as previously stated, costs for a retest on the split sample unless the second test invalidates the original test.

AUTHORIZATION OF STAFF PROCEDURE

Director of Human Resources' authorization: William L. Hendry Date Authorized: 7/23/04

**Northwestern Michigan College
SUPERVISOR'S REPORT OF ALCOHOL AND ILLICIT DRUG USE-REASONABLE SUSPICION**

Section 1

Employee Name: _____ Position: _____
 Department: _____ Location Observed: _____
 Date of Observation: _____ Time: _____ am/pm

Section 2

Observations: Check ALL that apply:

- | | | |
|---|---|---|
| <p>BEHAVIOR</p> <input type="checkbox"/> stumbling, unsteady gait
<input type="checkbox"/> drowsy, sleepy, lethargic
<input type="checkbox"/> agitated, anxious, restless
<input type="checkbox"/> hostile, belligerent
<input type="checkbox"/> irritable, moody
<input type="checkbox"/> depressed, withdrawn
<input type="checkbox"/> unresponsive, distracted
<input type="checkbox"/> clumsy, uncoordinated
<input type="checkbox"/> tremors, shakes
<input type="checkbox"/> flu-like illness complaints
<input type="checkbox"/> suspicious, paranoid
<input type="checkbox"/> hyperactive, fidgety
<input type="checkbox"/> inappropriate, uninhibited behavior
<input type="checkbox"/> possessing, dispensing, or using controlled substance or alcohol | <p>APPEARANCE</p> <input type="checkbox"/> flushed complexion
<input type="checkbox"/> excessive sweating
<input type="checkbox"/> cold, clammy sweats
eyes:
<input type="checkbox"/> bloodshot
<input type="checkbox"/> tearing, watery
<input type="checkbox"/> dilated (large) pupils
<input type="checkbox"/> constricted (pinpoint) pupils
<input type="checkbox"/> unfocused, blank stare
<input type="checkbox"/> unkempt grooming
<input type="checkbox"/> disheveled clothing | <p>SPEECH</p> <input type="checkbox"/> slurred, thick
<input type="checkbox"/> incoherent
<input type="checkbox"/> exaggerated enunciation
<input type="checkbox"/> loud, boisterous
<input type="checkbox"/> rapid, pressured
<input type="checkbox"/> excessively talkative
<input type="checkbox"/> nonsensical, silly
<input type="checkbox"/> cursing, verbal abusiveness
<input type="checkbox"/> inappropriate verbal response to questions or instructions |
| | | <p>BODY ODORS</p> <input type="checkbox"/> alcohol
<input type="checkbox"/> marijuana |

SUMMARY (circumstances, employee response, supervisor actions, other observations):

Section 3

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

Supervisor's Signature	Signature Date
Supervisor's name (printed or typed) _____	
Additional Witness: (optional) _____	
Witness' Signature	Signature Date
Witness' name (printed or typed) _____	

Section 4

- Test Determination:**
- | | |
|---|--|
| <input type="checkbox"/> On-Site Screening Test Administered – Results greater than .02% blood alcohol concentration: <input type="checkbox"/> Positive <input type="checkbox"/> Negative | <input type="checkbox"/> No Test Conducted: |
| <input type="checkbox"/> Off-Site Reasonable Suspicion Alcohol Test | <input type="checkbox"/> Employee transported for medical care |
| <input type="checkbox"/> Off-Site Reasonable Suspicion Drug Test | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> No Test Required | |
| <input type="checkbox"/> Employee Refused Test | |

Section 5

Employee transported to test site by: _____ Time transported _____ am/pm
 Test Site: **Munson Occupational Health** **Munson Urgent Care** **Munson Hospital Emergency Room**

Send original completed form to Human Resources within 24 hours of incident.

 Created 7/16/04