

Drug and Alcohol Abuse Policy

Kenosha County recognizes that the use and/or abuse of illegal drugs and/or alcohol can have a significant impact on the workplace in terms of safety, worker's compensation claims, accident and sickness pay maintenance benefit plan, absenteeism and productivity. Kenosha County also recognizes the legal duty to protect the safety of its employees and the public from those who use or are impaired by drugs and/or alcohol on the job. Furthermore, Kenosha County is also concerned about the health and well-being of those employees who use illegal drugs and/or alcohol. Therefore, to help achieve this, employees are prohibited both on and off duty from:

- Using, possessing, attempting to possess, distributing, manufacturing, delivering or be under the influence of illegal drugs at any time;
- Consuming alcoholic beverages while on the County premises, customer/client premises, in County vehicles or while on County time (unless specifically approved by a department head for a special occasion or event); and
- Abusing inhalants or prescription drugs or possessing prescription drugs that have not been prescribed for the employee by a physician.

Kenosha County will subject its employees to drug and/or alcohol testing as set forth in this policy. (Additional regulatory requirements apply to employees who are required to operate Commercial Motor Vehicles.) An employee who violates this policy is subject to discipline up to and including termination of employment. The use of some drugs is detectable for several days. Detection of such drugs or the presence of alcohol will be considered being "under the influence."

Types of Testing

Pre-employment Testing

Every applicant for long term or permanent employment will be required to undergo and pass a drug test before he/she may commence employment at the County. Each job applicant will be advised that a drug test will be required as a part of pre-placement examination and that any job offer is contingent upon, among other things, successful passage of the drug and alcohol test.

Reasonable Suspicion Testing

If at any time there is reasonable suspicion that an employee is under the influence of drugs and/or alcohol, the employee will be required to submit to a drug and/or alcohol test. Reasonable suspicion will be determined by a supervisor. If a supervisor suspects that an individual is at work and under the influence of drugs and/or alcohol, the supervisor should notify the Personnel Director to seek authorization to test the employee. The supervisor will be granted permission to test the employee if sufficient objective symptoms exist to indicate the employee may be under the influence of drugs and/or alcohol. Reasonable suspicion will be based upon observable actions, alone or in conjunction with other factors including, but not limited to, dangerous or accident-prone conduct, decreased job performance which is unexplained, unexplained increased absenteeism, complaints from co-workers and other problems with interpersonal relations, drug-related signs such as drug paraphernalia, reduced short-term memory, physical symptoms such as bloodshot eyes, dilated pupils, slurred speech, stuffy or runny nose, anxiety, and inability to concentrate. The supervisor should make a written record of the employee's name, the date, time, and symptoms

present. This documentation should be attached to the test results and kept in the confidential file as justification for why the tests were performed. Also, a supervisor should take the employee to the facility for testing and call someone to drive the employee home.

Post-Accident Testing

Employees involved in an accident or contributing to an accident may be required to submit to a drug and/or alcohol test. An accident shall be defined as: an OSHA recordable incident, acts or omissions resulting in near misses, and accidents involving an injury that requires first aid or immediate off-site medical attention and/or property damage.

Prescription Medications

Nothing in this policy prohibits the appropriate use of prescription medications legally prescribed by a licensed physician. However, it is the employee's duty to discuss with his/her physician any effects which that medication may have on the ability to safely perform his/her job functions and to inform the HIPAA compliance officer of any possible adverse effects. Failure to do so may result in discipline up to and including discharge.

The County may, by means of contacting the physician or medical practitioner or by whatever means it deems advisable, investigate, whether it is necessary to impose any restriction on employment as a result of an employee's use of prescription or over the counter medication. If it so determines, the County may temporarily remove an employee from his/her position if the legally prescribed or over-the-counter medication could affect or interfere with the safety and effectiveness of job performance.

Refusal to Submit to Testing

For the purpose of this policy, "refusing to submit to testing" means any of the following: failing to provide adequate specimen (urine, blood, breath or saliva) for a drug/alcohol test without a valid medical explanation, failing to submit to a test as directed, failing to permit to be escorted to the testing facility or engaging in any conduct which obstructs the testing process. Employees can refuse to undergo testing. However, any employee who refuses to submit to any drug and/or alcohol test required under this policy will be considered in violation of this policy. Refusal to test will be considered a positive test result under the policy, and make the employee subject to disciplinary action, up to and including immediate termination.

Disciplinary Procedures

Any employee, who tests positive, will be subject to discipline up to and including termination. Any employee who tests positive for the first time, could on a one time basis, go for evaluation by a professional in substance abuse treatment and rehabilitation as set forth below. This option will be available only on a case by case basis and decided if possible by the Personnel Director.

No employee who tests positive (and/or who refuses to submit to testing) and who is permitted will be allowed to return to work until that individual: (1) has signed the "Rehabilitation Agreement Form"; (2) has successfully completed assessment and/or treatment as described below; (3) has been certified by a qualified physician, or a substance abuse professional, as free from the use of drugs and/or alcohol; (4) has taken a drug and/or alcohol test just before returning to work; (5) has consented to follow-up testing; and (6) has executed a "last-chance" agreement.

Employee Consent to Testing

Each employee will be required to complete and sign an “Acknowledgement of Drug and Alcohol Policy” form by which he/she acknowledges that they understand the policy in its entirety. Also, prior to testing each employee will be required to complete and sign a “Consent to Employee Testing” form by which he/she consents to and authorizes testing and disclosure of test results to the County. If the employee refuses to complete and sign the consent/authorization form, such refusal will constitute grounds for termination.

Collection of Specimens

Specimens to be tested will be urine in the case of a drug test and breath (or blood) in the case of an alcohol test. Kenosha County respects its employees and therefore subscribes to the collection protocol set forth by the Department of Health and Human Services (DHHS) which protects the privacy and confidentiality of the donor. This protocol allows for the submission of the specimen under closely structured conditions but behind either a closed door or a privacy partition. It must be understood, however, that under circumstances established by DHHS the donor may be asked to provide a fresh specimen in the presence of a witness if the collector has reason to believe: that the specimen is not that of the donor, that the specimen has been adulterated or altered, that the collection is part of a post-treatment monitoring program, or that the donor has been known or suspected of adulterating previous specimen(s). All specimens are collected and processed by social security number and accession number for complete confidentiality.

Custody and Control Form

All specimens will be processed and monitored by way of an approved Custody and Control Form which is used to track the specimen from point of submission to point of destruction. Employees will be required to sign the chain of custody form. Failure to do so will result in the need for retest. However, an employee who refuses to sign after being requested to do so will be considered to have refused to subject to testing, and will be subject to discipline up to and including discharge.

Positive Test Results and Laboratory Aspects of Testing

In order to assure our employees the greatest accuracy and confidentiality, all testing will be conducted in accordance with DHHS regulations and will be conducted in two parts: (1) screening for five classes of drugs: amphetamines, cocaine, opiates, PCP, and THC; and (2) confirmation by gas chromatography/mass spectrometry (GC/MS). However, the County reserves the right to perform tests for other illegal substances as well. No specimen will be considered “positive” until it has been confirmed at the cut-off levels established by DHHS. In the event that no such levels have been established for that drug, the County will rely on the laboratory and its consultants to establish a “forensically accepted level.”

A test result for alcohol which reveals a blood/alcohol content (BAC) of any measurable BAC is a positive test result under this policy. All breath alcohol test results will be confirmed by a Breath Alcohol Technician (BAT).

Reporting Results

All positive drug test results will be first reported to the Medical Review Officer (MRO). If the specimen is positive, the MRO will attempt to contact the employee at the daytime number provided at the time of the specimen submission for the purpose of discussing the test results. Should the MRO fail to make contact on that attempt, he/she may contact the County to ask for assistance in reaching the employee. If the MRO does not make contact within an additional maximum of five days or if the result appears to create immediate safety concerns, the MRO may disclose the results to the County prior to speaking with that employee. Kenosha County reserves the right to immediately remove the employee from active duty until such time as the MRO is able to make contact and provide a final result. If, when the MRO reaches the employee, the employee is able to provide substantiation of legitimate use, the positive result will be reported to the County as "negative." If no legitimate reason for the positive is found, that positive result will be provided to the County.

Employee Assistance and Rehabilitation

Kenosha County has a primary interest in the safety, health and well-being of its employees, as well as the public, and supports those who make a commitment to resolving their substance abuse problems. An employee who comes forward with a drug and/or alcohol problem before being identified as violating this policy will be given a chance to seek treatment in accordance with the "Voluntary Rehabilitation Agreement", which includes similar requirements to those discussed below. In the event of a positive test or a refusal to submit to testing and when allowed by the County, the County will provide a list, upon request, of acceptable resources available to the employee for assessment and/or treatment. Although such assessment and/or treatment is conducted at the sole expense of the employee or his/her insurance carrier, the County requires that certified professionals actively involved in the substance abuse field be utilized. Prior to entering rehabilitation, the employee will be required to sign a form consenting to the release by the treatment center of information regarding employee's ability to return to work. Failure to sign this consent form will result in the County's inability to assess the employee's rehabilitation and the employee will remain unqualified until a professional in substance abuse treatment certifies the employee's rehabilitation. Should the resource selected by the employee not meet this criteria, the County may request a second evaluation by an acceptable treatment professional at the County's expense. This evaluation will be conclusive evidence of the employee's rehabilitation or failure to rehabilitate. If rehabilitation will require time away from the job, the employee will be placed on the accident and sickness pay maintenance benefit plan subject to the guidelines of such plan. The employee may be permitted to return to work if/when he/she is able to demonstrate the successful completion of such assessment and/or any recommended treatment.

An employee who is allowed and selects rehabilitation will comply with all the requirements of that program to completion. Failure to do so or failure to make every effort at rehabilitation will constitute grounds for termination. Upon return, the County will maintain contact with the treatment professional to assure the ongoing compliance with the recommended treatment. Further, as a condition of return, the employee will be required to submit, on demand, urine specimens for analysis for a period up to sixty months. The number and frequency of such specimens is determined by the County at its sole discretion. A positive test during or following the monitoring period will result in immediate termination without further consideration of future employment. Kenosha County may, at its sole discretion, elect to offer special consideration to any individual

who comes forth voluntarily as opposed to those who are detected through the regular testing process. Rehabilitation after a positive test, if permitted at all, will be permitted only one time.

Confidentiality

Results of all drug and/or alcohol tests will be kept separate from personnel files and treated as confidential information and access to such results shall be limited. Results will not be communicated to others outside of the employee's direct supervisory chain except when necessary in connection with any rehabilitation or use of an employer sponsored assistance program in relation to the drug/alcohol test. However, the County may disclose results of all drug/alcohol tests to decision makers in a lawsuit, grievance or other proceeding initiated by or on the behalf of the employee.

Conclusion

Kenosha County is committed to the health, productivity, and stability of the organization, its employees and the safety of the general public. It is with a sense of sincere concern that this policy is implemented. The County is firmly committed to the fair and equal treatment of all employees under this policy and expects all employees will participate fully, willingly and with the knowledge that a safe, healthy and productive work environment is to the benefit of all.

While the County does not condone the abuse of alcohol, prescription drugs, and/or use of illegal drugs, the County does recognize that addiction to drugs and/or alcohol can be treated. If an employee recognizes a personal addiction or abuse problem and seeks assistance from management in advance of detection, the County will assist the employee in seeking treatment. The confidential nature of the employee's counseling and rehabilitation for drug and/or alcohol abuse will be preserved.

Rehabilitation Agreement

I hereby acknowledge that I have tested positive for _____/ refused to submit to testing as defined by this policy or voluntarily come forward to notify the County that I have a drug and/or alcohol problem. In accordance with the County's Drug and Alcohol Testing Policy and/or Wisconsin law and contingent upon my signing this agreement and fulfilling the obligations set forth herein, and any other reasonable requests made by the County in connection with its substance abuse program, I will not be terminated and seek treatment.

I agree to be evaluated by a rehabilitation counselor approved by the County for drug and/or alcohol problems not later than within one week of signing this agreement. The cost of this evaluation by the rehabilitation counselor will be paid for by me or my health insurance.

I agree that I shall follow all the recommendations of the rehabilitation counselor in good faith including completing rehabilitation and submitting to testing during rehabilitation treatment. I understand and agree that I shall not be allowed to return to my position, until I have been certified by the rehabilitation counselor, and/or County Medical Review Officer (MRO), as drug and alcohol free and have submitted to a drug and/or alcohol test and had negative test results.

I understand and agree that Kenosha County will require me to submit to follow-up drug and/or alcohol testing to ensure that I am continuing to refrain from using drugs and/or alcohol as the rehabilitation counselor may direct. Such follow-up testing may be for a period up to sixty months following completion of the program. Also, I understand that if I test positive again at any time including by refusing to submit to any drug and/or alcohol test required under the policy for any reason, I will automatically be terminated without further chance for rehire.

I also understand and agree that the County may, by means of contacting the rehabilitation counselor, or physicians, or by whatever means it deems advisable, obtain information regarding my drug-free status and/or rehabilitation, or investigate whether it is necessary to impose any restrictions on my employment as a result of any drug and/or alcohol use by me, or that such information may be disclosed directly to the MRO. I also agree to execute any release necessary to allow the County and/or its MRO to obtain such information.

I understand and agree that my refusal to cooperate and/or to take the actions recommended by the rehabilitation counselor, physician or MRO will result in automatic termination without further chance for rehire.

Employee Signature

Date

Employee Printed Name

Social Security Number

Personnel Director

Date

Acknowledgement of Drug and Alcohol Abuse Policy

I hereby acknowledge that I have received and read the County's Drug and Alcohol Abuse Policy and the provisions contained therein on the date indicated below. I have had an opportunity to have all aspects of this material fully explained to me by my Department/Division Director or the Division of Personnel. I also understand that I must abide by the policy as a condition of employment, and any violation may result in disciplinary action up to and including termination. I understand that the terms described in the Drug and Alcohol Abuse Policy may be altered, amended or changed by the County to comply with the Federal Omnibus Transportation Employee Testing Act of 1991 and its implementing regulations, with or without prior notice.

Further I understand that during my employment I may be required to submit to reasonable suspicion testing for the presence of drugs and/or alcohol. I understand that submission to such testing is a condition of employment with the County, and disciplinary action up to and including discharge may result if:

- I refuse to consent to testing
- I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations
- I refuse to authorize release of the test results to the County
- The test results establish a violation of the County's Drug and Alcohol Abuse Policy
- I otherwise violate the policy

I agree to fully comply with and participate in the program as set forth herein.

Signature

Date

Consent to Employee Drug and Alcohol Testing

I hereby agree, upon a request made under the drug and alcohol testing policy of Kenosha County, to submit to a drug and/or alcohol test and to furnish a sample of my urine, blood, breath and/or saliva for analysis. I understand that submission to testing for the presence of drugs and/or alcohol is a condition of employment with the County. I understand and agree that if I at any time refuse to submit to a drug and/or alcohol test under the County policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination.

By signing and dating this form, I consent to take the test(s) and authorize release of any test results to the County. I further agree that a photo static copy of this consent shall be considered as effective and as valid as the original. I understand that I may be placed on temporary leave of absence pending results of the said test(s). I understand that should my test(s) results be confirmed positive, I will be subject to disciplinary action up to and including termination.

I consent to the disclosure of information from my patient health care records to Kenosha County, or its employees, agents, or representatives, for the purpose of their analysis and use. This consent is for the disclosure of all drug and/or alcohol related test results, findings, reports or evaluations. It is my specific intention to include laboratory and diagnostic reports and the referral of those laboratory and diagnostic tests results, findings and reports to another health care provider for review and analysis. I understand that information disclosed may include reference to, or treatments for, drug and/or alcohol abuse. I further agree to permit Kenosha County, its agents or employees to contact the health care provider, and to make specific inquiries regarding my drug and/or alcohol testing results based on records, reports and evaluations.

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

It is my specific intention that this informed consent and request shall be effective for a period of five (5) years or until completion of the purpose for which this consent was given, unless this consent is specifically withdrawn by me in writing.

Employee Signature

Date

Employee Printed Name

Social Security Number

